	9758	CERTIFICA	TE OF DEA	ATH		Reg. Dist. No	09750	
	1. PLACE OF DEATH o. COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE O. STATE	E (Where deceased irginia	lived. If institution b. COUNTY	Residence bef	fore admission)	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md	6 Days	A	N (If outside corporo		83X-	3	
7	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRE	01			e. IS RESIDENCE ON A FARM? YES NO	
	3. NAME OF First DECEASED (Type or print)	Middle fayme Allen	Lost	4. DATE OF DEATH	Month Sep		Day Year 19 57	,
		RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9		Months Days	R IF UNDER 24 HRS Hours Min.	_
),	10o. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	kind of Business or Industry Employee	STRY 11. BIRTHPLACE Virgi		ntry)	12. CITIZEN	OF WHAT COUNTR	Y ?
1	13. FATHER'S NAME R. R. Nalls	1	14. MOTHER'S MAI	DEN NAME chine Brow	√n			ì
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	SOCIAL SECURITY NO. 17. II	NFORMANT	A1 -11 // // // V	Addres	is		
	18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Conditions, if any, which gave rise ta immediate couse (o), stoting the under-lying couse lost. (c)	Berehal	all all	archinos	in cler.	0 \$ 60	TERVAL BETWEEN NSET AND DEATH	
0	PART II. OTHER SIGNIFICANT CONDITIONS PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED				N IN PART I(O)	PERFORMED? YES NO	
	20c. TIME OF INJURY Month, Day, Year 20d. Hour a. ft. While		ACE OF INJURY (Home ctory, street, office bld	g., etc.) 20f. (City of	or town)	(Count)	y) (Stote	1)
1	21. I certify that I attended the deced alive on 19 19 ACTUAL SIGNATURE SIGNATURE	sed from Eff 1 5 5 1, and that death 1 fain				d on the d	saw the deceased about the stated about the stated about the sign of the state and the state are stated about the state are stated about the state are stated about the stated are stated about the stated are stated as a stated are stated are stated as a stated are state	ve.
	PHYSICIAN'S GEOFFE	1. MCLAIN	V		orge McLa			==
	220. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. Date Thereof 9/28/57	22c. NAME OF CEMETERY O	emetery	Mar	ON (City, town, or	Vs	(Stote)	
	23. FUNERAL DIRECTOR'S SIGNATURE F.Gasch's Sons: Hys	ADDRESS Attaville Md.		REC'D BY REGISTR	AR REGIST	Such	URE	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SUREAU V. E.

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2EP 27 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09751

9759 CERTIFICATE OF DEATH

Reg. Dist. No. 2 42....

J.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED);
legibly	COUNTY Prince Leonar MARYLAND	STATE LO. C COUNTY	V
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
and	TOWN Cheverly 1mo-	TOWN Washington	47x-3
rıy	HOSPITAL OR NEWSING Home	STREET (If rural give location)	
death clearly	90 STREET ADDRESS 9 601 Chesterle av.	3414 204 SX. M. 8	
n c			Day) (Year)
ear	(Type or Print)	ffort DEATH Sept.	4 1957
IO	FEMALE WHITE Specify B. DATE (Specify) (Specify) (Specify) (Specify)	OF BIRTH: 9. AGE last birthday IF UNDER TY Months D	ays Hours Min.
causes	work done during most of working life. even if retired): OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
a	13. FATHER'S NAME:	14. MOTHER'S MAIDER NAME:	0.01
te th	Hedgman Grouch	unknown	
Vrit	15. WAS DEGLASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17, INFORMANT & ADDRESS:	
Oe	(Yes, no, or unk.) (If Yes, give war or dates of service)	William E. Doherty.	
pleas	18. MEDICAL CERTIFICATI		INTERVAL BETWEEN ONSET AND DEATH
ns:	450.0 Henry	d'activillance	syn.
CIS	ANTECEDENT CAUSE (8)		
hysician	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE		Reference to the
L	STATING UNDERLYING CAUSE LAST.		
tant.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
rta	TO THE DEATH BUT NOT RELATED TO THE	76	1 and
ımpor	DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	The state of the s	6 7000
NO I			YES NO Z
ecial	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
ge ge	22. I hereby certify that I attended the deceased from 8/9	, 195.7, to 9/4, 195, That I last	saw the deceased
correct ag	alive on 9./3, 195.7, and that death occurred at	M, from the causes and on the date	
ori		D. Cherry 9	14/5/
0	Burital Sept 7, 57 Cedar Acc	Compley Suitany	maryand
	DATE RECO BY LOCAL REGISTRAR'S SIGNATURE	1,24. FUNSPAL DIRECTOR	ADDRESS

9/4/57

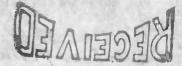
R MALONEY-DEP. MED DAMY-CACLO & APPROVE,

W.W. Chalander

B. Omstermine

BUREAU V. &

25P .9 1957



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VS A15 (4) 15M 9/55

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		MARYLAND	STATE DEPARTM	ENT OF HEALTI	H-BALTIN	ORE, 18	00'	752
		9760	CERTIFICA	ATE OF DEATI	H ,	Reg	g. Dist. No.	
1.	PLACE OF DEATH o. COUNTY Prince	leorge	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland	here deceased lived	b. COUNTY	esidence before o	dmission)
	b. CITY OR TOWN (III	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF				town)
		AL (If not in hospital, give street orge Heneral	address)	d. STREET ADDRESS	Ave.		(S RESIDENCE ON A FARM? ES NO
3.	NAME OF DECEASED (Type or print)	James Fint	Middle	Lost Ax	4. DATE OF DEATH	Month 9	2 74	Yeor 19 57
l	sex (ale	White widow		B. DATE OF BIRTH	82 "	st birthdoy) Mor		UNDER 24 HRS.
_/	Daker	ON (Give kind of work done 10b. ing life, even if retired)	Sakery	STRY 11. BIRTHBLACE (Stote	or foreign country	13	2. CITIZEN OF W	HAT COUNTRY?
13.	Lohn	acce	tta	Vinger	BA (Pete	ral	la
		R IN U. S. ARMED FORCES? (If yes, give war ar dates of service)	SOCIAL SECURITY NO. 17. 1	NFORMANTO COLOR	line	To Address	Rain	ice In
			ne for (o), (b), ond (c).] ute pulmonary	edema			ONSET	AL BETWEEN AND DEATH
	Conditions, if as gove rise to it cause (o), stating lying cause last.	mmediate DUE TO	rtic Stenosis		ation		?yea	
CATION		IER SIGNIFICANT CONDITIONS			IINAL DISEASE CON	NDITION GIVEN IN	P	
L CERTIFI	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part 1 or Part 11 of	item 18.)		
MEDICA	Hour o. fi. p. m.	Y Month, Day, Year 20d. II 19 While at wor	Not while for	ACE OF INJURY (Home, form ctory, street, office bldg., etc		wn)	(County)	(State)
	21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	ent I attended the decease Ept 26, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	//	, 1956, to 4 accurred at 1:30 m.p.6311 Bcl		city or town, state)	an the date :	the deceased stated above. DATE SIGNED 9/27//
/	BURIAL, CREMATION REMOVAL (Specify)	# 19/30/5	22c. NAME OF CEMETERY OF FORT LENGTH	R CREMATORY	22d. LOCATION	(City, town, or cou	anty)	(State)
23.	FUNERAL DIRECTOR	uneral Home	met-Raine	1 -7.	OCT 1 57	246 REGISTRAR	edus .	

CERTIFICATE OF DEATH

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Occupant of an automobile that are in a collision with another

BUREAU V. S.

SEP 13 1957

- 1		LACE OF DEATH	9762			2. USUAL RESIDENCE	Where decease			idence be	fore admiss	ion)
-			rines George	913	MARYLANG	NG.		b. COUN	Pr		Georg	
	b	ond give negress to	(If autside corporate limits, wri own)	ife RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corp	porote limits, write	RURAL o	and give r	nearest fow	1)
-	d	Cheve	OR INSTITUTION	(If not in hosp	l day	d. STREET ADDRESS	al Hei	ghts			e. IS RES	IDENCE
			George's Ge			5707 Sout	hern A	venue			ON A FARM? YES NO.	
3		NAME OF DECEASED Type or print)	Rose	irst	Mary	Lost Beaner	4. DATE OF DEATH	Septem		Doy 19	Ye-	57
5	5. S	EX .	6. COLOR OR RACE	7. MARRIE		B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UND	RIYEAR	7	-
		Female	Colored	WIDOWED		September		yrs.	Months	DY's	Hours	Win.
1.	loo.	uring most of work	TION (Give kind of work king life, even if retired)	dane 10b. Ki	ND OF BUSINESS OR INDU			ountry)	12. C		F WHAT C	OUNTR
-	20	none			none	Virginia				U. S. A.		
ľ	13.	FATHER'S NAME	s Beaner		14. MOTHER'S MAIDEN	lelen ?						
1	15.		EVER IN U. S. ARMED FO	ORCES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT		Addres				
1		no, or unknown)	(If yes, give war at dates o	of service)	none	Mary Helen I	Beaner	Same	4.0	2		
=	-	no 18. CAUSE OF DE	EATH Enter only one co	ouse per line fo	or (o), (b), and (c).					INTE	RVAL BETWEEN	٨
		PART I. DE	EATH WAS CAUSED BY:		Amshaneda					ONS	ET AND DEAT	1
	-1	00.	IMMEDIATE CAUSE (0)	Asphyxia							
	1	1 9240 DUE TO										
	V I	100										
	٧	Conditions, if	ony, which)	-1	Overlaying	of mother						
	٧	Conditions, if gove rise to imm	nediate cause	-	Overlaying	of mother						. 4.3
	٧	gove rise to imm (o), stoting the	nediate cause	-	Overlaying	of mother						13
	٧	gove rise to imm (o), stoting the couse lost.	underlying DUE TO	c)								
	NO	gove rise to imm (o), stoting the couse lost.	underlying DUE TO	c)	Overlaying		MINAL DISEAS	E CONDITION GI	VEN IN P	ART 1(o) 1	9. WAS AL	JTOPSY WED?
1	CATION	gove rise to imm (o), stoting the couse lost.	underlying DUE TO	c)			MINAL DISEAS	E CONDITION GI	VEN IN PA		PERFOR	JTOPSY MED? NO []
and the same of	TIFICATION	gove rise to imm (o), stoting the couse fost. PART II, O 20a. EXTERNAL O	DUE TO OTHER SIGNIFICANT CON CAUSE WAS	c)		NOT RELATED TO THE TER/			VEN IN P		PERFOR	MED?
	CERTIFICATION	gove rise to imm (o), stoting the couse fost. PART II, O 20a. EXTERNAL O	DUE TO OTHER SIGNIFICANT CON CAUSE WAS CONTRIBUTING TE	O) NDITIONS COI	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER!	art I or Port II	of item 18.)	VEN IN P		PERFOR	MED?
		gove rise to imm (a), stoling the couse lost. PART II, O 20a. EXTERNAL C PRIMARY 1 or C CAUSE D DEATI	OTHER SIGNIFICANT CON	NDITIONS COL	HOW INJURY OCCURRED.	NOT RELATED TO THE TERM (Enter noture of injury in Po	at hon	of item 18.)			PERFOR	NO []
		gove rise to imm (o), stoling the couse fost. PART II. O 20a. EXTERNAL C PRIMARY_D ar C	DUE TO TO THE SIGNIFICANT CONTRIBUTING DIE MONTH BUTTING DIE MONTH, Day, Years.	NDITIONS COL	HOW INJURY OCCURRED. Priaging of majury occurred for while for the principle of the principle for the	(Enter noture of injury in Poother in bed) ACE OF INJURY (Home, for they, street, office bldg., et	at hon	of item 18.)	(C	County)	PERFORI	NO (State)
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	MEDICAL	gove rise to imm (o), storing the couse fost. PARY II, O 20a, EXTERNAL C PRIMARY or C CAUSE OF DEATH 20c. TIME OF INI Hour a. n	DUE TO CONTRIBUTING DIE TO CONTRIBUTING DIE Month, Day, Yes Die St. 19 19	NDITIONS COL	HOW INJURY OCCURRED. Priaging of majury occurred for while for the principle of the principle for the principle for the principle of the principle for the principle of the pri	(Enter noture of injury in Poother in bed ACE OF INJURY (Home, forctory, street, office bldg., el	at hon	of item (8.) 16 or town) apital He	eight	County)	PERFORI	(State)
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	MEDICAL	gove rise to imm (o), storing the couse fost. PART II, O 20a, EXTERNAL C PRIMARY Or C CAUSE DEATH 20c. TIME OF INJ Hour o. n 21. 1 certify opinion deat	DUE TO CONTRIBUTING DIE TO CONTRIBUTION DIE TO	NDITIONS COL	HOW INJURY OCCURRED. Brlaying of m BJURY OCCURRED Not while of work Brmains described ab	(Enter noture of injury in Poother in bed ACE OF INJURY (Home, for there, street, office bldg., et Hame) ave, held an Autop Suicide [],	at hom at hom (m. 20f. (City c.) Ca sy , Ir	of item (8.) April 18. April 18	eight , Inqu	County) Priry	PERFORI	(State) Mo
	MEDICAL	gove rise to imm (o), storing the couse lost. PART II. O 20a. EXTERNAL C PRIMARY O or C CAUSE OF DEATI 20c. TIME OF INI Hour o, n 21. 1 certify opinion deat	DUE TO CONTRIBUTING DIE TO CONTRIBUTION DIE TO	NDITIONS COL	HOW INJURY OCCURRED. Brlaying of m BJURY OCCURRED Not while of work Brmains described ab	(Enter noture of injury in Poother in bed ACE OF INJURY (Home, for clory, street, office bldg., et Home) Ave, held an Autop CHIEF MEDICAL	at hom Tm. 20f. (City Cat Sy Hamicide	of item (8.) 10 or town) apital He aspection Market [], Undete	eight , Inqu	County) Priry	PERFORI	(State) Mc
	MEDICAL	gove rise to imm (o), storing the couse fost. PART II, O 20a, EXTERNAL C PRIMARY Or C CAUSE DEATH 20c. TIME OF INJ Hour o. n 21. 1 certify opinion deat	DUE TO CONTRIBUTING DIE TO CONTRIBUTION DIE TO	NDITIONS COL	HOW INJURY OCCURRED. Brlaying of m BJURY OCCURRED Not while of work Brmains described ab	(Enter noture of injury in Poother in bed ACE OF INJURY (Home, forctory, street, office bldg., et Home) ave, held an Autop CHIEF MEDICAL INSTITUTE ASSISTANT MEDICAL INC.	at hom Tm. 20f. (City Cat Sy Hamicide EXAMINER CAL EXAMINE	of item 18.) 10 or town) apital He aspection A	eight , Inqu	County) Priry	PERFORI	(State) Mo
	MEDICAL	gove rise to imm (o), storing the couse lost. PART II. O 20a. EXTERNAL C PRIMARY O or C CAUSE OF DEATI 20c. TIME OF INI Hour o. n 21. I certify opinion deat ACTUAL SIGNATURE	DUE TO COTHER SIGNIFICANT CONTRIBUTING DIE 19 19 19 19 19 19 19 19 19 19 19 19 19	NDITIONS COL	HOW INJURY OCCURRED. Brlaying of m BJURY OCCURRED Not while of work Brmains described ab	(Enter noture of injury in Poother in bed ACE OF INJURY (Home, for clory, street, office bldg., et Home) Ave, held an Autop CHIEF MEDICAL	at hom Tm. 20f. (City Cat Sy Hamicide EXAMINER CAL EXAMINE	of item 18.) 10 or town) apital He aspection A	eight , Inqu	County) Priry	PERFORI	(State) Mo
2	MEDICAL	gove rise to imm (o), storing the couse fost. PART II, O PART II, O PRIMARY Or C CAUSE FORATI 20c. TIME OF INI Hour o. n CAUSE ACTUAL SIGNATURE EXAMINER'S NAME (Type) BURIAL, CREMAT	DUE TO CONTRIBUTING DIE TO CONTRIBUTION DIE TO	NDITIONS COI	HOW INJURY OCCURRED. Brlaying of m BJURY OCCURRED Not while of work Brmains described ab	(Enter noture of injury in Poother in bed ace of INJURY (Home, for clory, street, office bldg., el Home) ave, held an Autop CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDICAL	at hom m. 20f. (City e.) Ga sy F. In Hamicide EXAMINER CAL EXAMINE	of item 18.) 10 or town) apital He aspection A	ight, Inquiermined	Priry	PERFORI	(State) Mc
2	MEDICAL	gove rise to imm (o), storing the couse fost. PART II, O 20a. EXTERNAL C PRIMARY O or C CAUSE OF DEATI 20c. TIME OF INI Hour o, n CAUSE 21. I certify Opinion deat ACTUAL SIGNATURE EXAMINER'S NAME (Type) BURIAL, CREMAT REMOVAL (Speci	DUE TO COTHER SIGNIFICANT CONTRIBUTING DH. JURY Month, Day, Ye 19 19 19 That I taak charg h resulted fram: James I. IION, 22b. DATE THERE	NODITIONS CONTROL OF STATE OF	HOW INJURY OCCURRED. Brlaying of m BJURY OCCURRED Who while of work in the control of wo	(Enter noture of injury in Poother in bed ace of INJURY (Home, for charge, street, office bldg., et Home) Ace, held an Autop Chief Medical (Assistant Medical Deputy Medical R CREMATORY)	at hon at hon at hon at hon at hon Ca sy Hamicide EXAMINER CAL EXAMINE L EXAMINES 22d. LOCA	of item (8.) Apital He Inspection Inspecti	ight, Inquiermined	Priry	PERFOR YES And	(State) Mc
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2	WEDICAL 23.	gove rise to imm (o), storing the couse lost. PART II. O 20a. EXTERNAL C PRIMARY Or C CAUSE OF DEATH 20c. TIME OF INI Hour on n 21. I certify opinion death ACTUAL SIGNATURE EXAMINER'S NAME (Type) BURIAL CREMAT REMOVAL (Speci	DUE TO CAUSE WAS CONTRIBUTING D H. JURY Month, Day, Ye That I taak charg h resulted fram: James I James	NDITIONS COL	HOW INJURY OCCURRED. Brlaying of mains described abouses . Accident Woodlawn Control Address	(Enter noture of injury in Poother in bed ace of INJURY (Home, for chory, street, office bldg., et Home) ACE OF INJURY (Home, for chory, street, office bldg., et Home) ACE OF INJURY (Home, for chory, street, office bldg., et Home) ACE OF INJURY (Home, for chory) CHIEF MEDICAL (ACE OF MEDICAL (ACE	at hom at hom at hom cal Examiner LEXAMINER 22d. LOCA	of item (3.) ne or town) apital He nspection — Undete	Inquermined	s P	PERFOR YES And	(State

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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			TELTEL TELEFORE

OF STATE OF

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shall be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be soined far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages. I and 2 with the state Baard of Health, event within 72 hours after death. its designated agent, priar to burial, cremation, or removal, and in any

Q 2 5 vs A15ME 8M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	3 (0)		T			
1. PLACE OF DEATH o. COUNTY		MARYLAND	2. USUAL RESIDENCE	(Where deceased lived. If instituted b. COUN		
1 CITY OF TOWN	Prince George	76				
and give nearest too	(If outside corporate limits, write RUI wn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, writed	le KUKAL and give	e neoresi town)
	Cheverly	D.O.A.	XO Bowie			
d. NAME OF HOSP	ITAL OR INSTITUTION (If no	at in hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
Dodman O.	Camana	Hamidal	129	7th Street		ON A FARM?
	eorges Genera.	r nosbicar	JET	Lott Doreer		YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Mor		·
(Type or print)	James:	John Berb	ig	DEATH Septe	ember 2,	19 57
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years	IF UNDER TYEA	R IF UNDER 24 HRS
				fost birthday)	Months Days	Hours Min.
Male	WILLUS		3-16-90	67 yrs		
Ou. USUAL OCCUPAT	TION (Give kind of work done king life, even if relired)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sto	te or foreign country)		OF WHAT COUNTRY
Trackman		Penn. Railroad	Alabama		U.	.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
	cholson Berbi			da Rutherford		
15. WAS DECEASED E [Yes, no. or unknown]	EVER IN U. S. ARMED FORCES [(If yes, give war or dates of service)		NFORMANT	Addre	59	
	(, , , , , , , , , , , , , , , , , , ,		orothy May	Berbig; same	address	
THE CALLES OF DE	ATH Enter only one couse p					TERVAL BETWEEN
THE RESERVE THE PARTY SERVE					Of	NSET AND DEATH
PARI I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Acute congestive	heart failu	re		
11112	X DUE TO					
Canditions it		Cardiovascular re	mal disease			
Conditions, if		Ografovascular 14	THE GIBBORDS			
(o), stoting the						
couse lost.	(c)					
Z PART II, O'	THER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE CONDITION G	IVEN IN PART 1(0)	19. WAS AUTOPSY
E					,	PERFORMED?
0						YES NO
PART II, O' 20g. EXTERNAL CAUSE OF DEATH	AUSE WAS ONTRIBUTING (1)	PESCRIBE HOW INJURY OCCURRED. (E	inter nature of injury in P	ort i or Part II of ilem 18.)		
CAUSE OF DEATH	1.					
20c. TIME OF INJU	URY Month, Doy, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, for	rm. i 20f (City or town)	(County)	(State)
Hour o. m		While Not while fact	ory, street, office bldg., e	lc.) {	(600)/	(0.0.0)
₽. m		of work of work				
21. I certify	that I taak charge of	the remains described aba	ve, held an Autap	sy , Inspection	, Inquiry	and in my
opinion dean	n resulted fram: 19af	ural couses , Accident (, Suicide,	Hamicide, Undet	ermined man	ner 🔲
/) /	222				
SIGNATURE	Lother 7-	Malones	M.D. CHIEF MEDICAL	EXAMINER [DATE SIGNED
		1.100-0100		CAL EXAMINER		
EXAMINER				THE RESERVE OF THE PARTY OF THE	- A	0 7057
NAME (Type)	John T. Mala	ney, M.D.	DEPUTY MEDICA	L EXAMINER X	ptember	5° TAD 1
220. BURIAL, CREMATI	ION. 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town	or county)	(Slote)
Burial Specif	9/5/57	Methodist	Cemetery	Waldorf, Me	ď	
3. FUNERAL DIRECTO		ADDRESS			GISTRAR'S SIGNAT	1100
177					ISTRAK S SIGNAL	UKE .
F. Gasch	's Sons Hy	atteville Md	DATES	EP 9 57 ()00		

LABORCAT DOWN WHITE SERVING TO DEBTH

		CONTRACT.				
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	e unit	sa desert		Jupa J		
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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
9829	CERTIFICATE	OF DEATH	

8 09756 Reg. Dist. No. 242

1, 1	PLACE OF DEATH	ce George s		MARYLA	- 11	2. USUAL RESIDENCE (WHO o. STATE Mary)		lived. If institution b. COUNTY		before admi	
	b. CITY OR TOWN (II RURAL ond give ne	outside corporate limi	s, write	c. LENGTH OF STAY IN	1ь	c. CITY OR TOWN (If o			JRAL and giv	re nearest tov	n)
	. OR INSTITUTION	AL (If not in hospital, g	ive street	address)		d. STREET ADDRESS 2283 - Owens Road S. E. 1. IS RESIDENCE ON A FARM? YES NO.					A FARM?
3.	NAME OF DECEASED (Type or print)	SADIE	st .	B • Middle		BIVENS	4, DATE OF DEATH	Sept. Mani	h 22nd.	Day	Year 19 57
	emale	6. COLOR OR RACE White	7. MARE	NEVER MARRIED DIVORCED	-	DATE OF BIRTH August 11- 1	001	9. AGE (In years lost birthdoy) 73 yrs.		YEAR IF UNI	7
10a	during most of work Housewife	N (Give kind of work of ing life, even if retired		kind of Business or Domestic	INDUST	Oxon Hil				EN OF WHA	T COUNTRY?
13.	FATHER'S NAME			.4		14. MOTHER'S MAIDEN N	IAME				
	James	Dean				Betty O	wens	3 3.			
15.	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT		Addr	e31		
	No or unknown)	It yes, give war or dates of s	HVICE)		Mi	ldred E. DeM	ar, 4	720- Hud	son Av	e., S.	E.
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	(no for (o), (b), and (c).]	22	y sec-	lu	zrau		INTERVAL E	
	420.1	DUE TO		11	N						
	Conditions, if or			Myner	e	useon					
	gove rise to in couse (a), stating t			//							
	lying cause lost.) (c)								
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	PERF	AUTOPSY ORMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter noture of injury in I	Port I or Port	Il of item 1B.)			
MEDICAL CERTIFICATION	20c. TIME OF INJURY Hour a. m. p. m.	Y Month, Doy, Yes	While of wor	Not while		E OF INJURY (Home, form ory, street, office bldg., etc.		or town)	(Co	unly)	(Stote)
	21. I certify th	at I attended the	deceas	ed from			ept:	2.2, 1957	that I la	ist saw the	deceased
	alive on	ep+21	_, 19	57, and that d	eath o	accurred at//:55	M, fram	the causes a	nd on the	date sta	ed above.
	1	,11		15			ADDRESS (Str	eet, city or town,	stote)	d	ATE SIGNED
	SIGNATURE &	sonw	ar	you all	м	D. 2007	NI	chal	1 0W	2 86	
	PHYSICIAN'S NAME (Type)	4. Sch	w	ARTZK	1	N	la	sh 2	0,	D.C.	P
220	BURIAL, CREMATION REMOYAL (Specify) BUTIAL	Sept. 25t		St. Barnak		CREMATORY Cemetery		ION (City, town, o		(Ste	ite)
23	FUNERAL DIRECTOR'S	S SIGNATURE 1 Brati	Pers	- / /	lope	Rd S E REC'	P 24				fella
-											

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7961 PS . das



VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18	}
OMCA	AFPELEIA A 75	OF DEATH	

7	fom 5 8,9 11	5229764/	18/57 CER	TIFICA	ATE OF DE	ATH		Reg. Dis	0975	7
	PLACE OF DEATH	nce George'	S MA	RYLAND	2. USUAL RESIDENCE OF STATE	CE (Where dec	osed lived. If instit b. COUN		e before odm	
	b. CITY OR TOWN (IF	outside corporate limits, w	c. LENGTH OF ST.	AY IN 1b	c. CITY OR TOW	/N (If outside c	orporate limits, write	RURAL and g	ive nearest ta	wn}
	Cheverly	Maryland			X2 Berwy	n Heigl	nts, Mary	land.		
	d. NAME OF HOSPITA OR INSTITUTION Prince Ge	orge's Gene	street address)	1	d. STREET ADDR		avenue,.		ON	A FARM?
	NAME OF DECEASED (Type or print)	JOEL First	Mid HOFF)	dle	BLACK	4. DA OF DE		ember	Doy 28,	Yeor 19 57-
5.	sex male	6. COLOR OR RACE 7.		RRIED	8. DATE OF BIRTH 6/1/1887	1888	9. AGE (In year Jost birthdoy	Months Months	YEAR IF UN	
100	USUAL OCCUPATION	N (Give kind of wark done ng life, even if retired)	106. KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE	(State or forei	gn cauntry)	12. CITI	ZEN OF WH	AT COUNTRY?
	Retir		Civil Engi	ineer	Huntin	ngdon,	Penna	U	SA	
13.	FATHER'S NAME				14. MOTHER'S MA					
	Ja	cob Black			Emma F	ryling				
		IN U. S. ARMED FORCES			NFORMANT			ddress		
				Mrs	s Amratha	Manni	ng Camp H	ill, F	enna.	
		TH [Enter only one couse				-			INTERVAL ONSET AN	BETWEEN ID DEATH
		H WAS CAUSED BY: IMMEDIATE CAUSE (0)	CONGESTI	VE.	HEART	FAIL	IRE			
	420.0	DUE TO	ARTERIOS	PIE	RATIC	HEAD.	T DISEA	-E		
	Conditions, if an	7, "111011 161								
	gove rise to im cause (o), stating t lying cause lost.	he under-	AND PRE	VIOU.	5 MYOCA	HRDIA	L IN FAR	THON		
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	E TERMINAL DIS	EASE CONDITION (GIVEN IN PART	PERI	S AUTOPSY FORMED?
	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 206 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY	OCCURRE	D. (Enter noture of inj	ury in Port I o	Port II of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.		20d. INJURY OCCURRED While Not while of work at work	20e. PL	ACE OF INJURY (Homotory, street, office bld	e, farm, 20f. lg., etc.)	(City or town)	(C	ounty)	(Stote)
	21. I certify the	at I attended the de	ceased from JU	14	1957,10	· SEP	T 24, 196	7 that LI	ast saw th	e deceased
Н	alive on 24	4 SEPT	(-7		occurred at					
	0	, .	1				\$ (Street, city or tow		,	DATE SIGNED
	ACTUAL SIGNATURE	elie H.	French		м.D. 1726	EYE	ST. N.W	. WAS	H 6.	D.C
	NAME (Type)	eslie H. Fr	ench		1726 Ey	e St N	. W. Wash	ington	D. C.)
220	REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF C			22d. L0	OCATION (City, town	n, or county)	(St	ofe)
_	urial	10/1/57	Rivervi	Lew Co	emetery	Hı	intingdon			-0.5
23.	FUNERAL DIRECTOR'S		ADDRESS		240	. REC'D BY RE		GISTRAR'S SIG	NATURE	
	r. Ga	sch's ons	Hyattsville	Md.	DA	TEOCT 1	57 100	(, ^		

		CERTIFICA	
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mon Clan			
Charles of Carlo Const.			
BUREAU V. S.			
7901 ½ TOC	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Laboration of the Commission
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BECEINEL			property and an experience of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 H

1830	CERTIFICATE	OF DEAT
(0.)	CEKTIFICATE	OF DEAT

Reg. Dist. No. 09758

2. USUAL RESIDENCE (Where de o. STATE Texas	b. COUNTY	v Residence before admission) Val Verde
c. CITY OR TOWN (II autside		
Del Rio	80x-3	
d. STREET ADDRESS 206 Austin Con		e. IS RESIDENCE ON A FARM? YES NO 173
lou IA D	ATE : Month	
O	EATH September	er 12 1957
12 May 1922		F UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
USTRY 11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY
Chicago,	Illinois	United States
14. MOTHER'S MAIDEN NAME	MEET NAME	
Unkı	nown	
		tse Group
Sgt Paul Lock,	Laughlin AFB	Texas
		INTERVAL BETWEEN
iple, severe, ex	treme	Instant
ent		
IT NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
		YES NO
PLACE OF INJURY (Home, form, 20)		(County) (Stote)
drews AFB	Andrews AFB I	Prince Georges N
M.D. 1401st USAF	Hospital	12 September 1
.4	LOCATION Scity, town, or	(Stote)
Matt.	arlington	Varsinia
	DECIETADA PAL DEFIET	Denie Großerung
240. REC'D BY 1	157 W. 1.2	RAR'S SIGNATURE
t d	c. CITY OR TOWN (II outside Del Rio Del Rio d. STREET ADDRESS 206 Austin Cor Lost 12 May 1922 DUSTRY 11. BIRTHPLACE (Stote or for Chicago, 14. MOTHER'S MAIDEN NAME Unk: M/Sgt Paul Lock, tiple, severe, ex dent RRED. (Enter noture of injury in Port I Full Particulars PLACE OF INJURY (Home, form, 20) foctory, street, office bldg., etc.) Indrews AFB Verse 19, to ADDR AND. 1401st USAF Andrews Air F (MC) Washington 22 COR CREMATORY The Core of the control of the control of the course of the	c. CITY OR TOWN (II outside corporate limits, write RUI Del Rio 8 OX - 3 d. STREET ADDRESS 206 Austin Court Lost A. DATE OF DEATH September 12 May 1922 DUSTRY 11. BIRTHPLACE (Stote or foreign country) Chicago, Illinois 14. MOTHER'S MAIDEN NAME Unknown M/Sgt Paul Lock, Laughlin AFB, tiple, severe, extreme dent RRED. (Enter noture of injury in Port I or Port II of item 18.) Full Particulars Unknown PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.) ndrews AFB Verse 19, fo 19, or 19 ath accurred at 0225 am, from the causes an ADDRESS (Street, city or town, street, city or town, s

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FL RAL DIRECTOR: After this certificate has been signed by the attending physician and completely at in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the registrar prior to burial, cremation, ar remanal, and in any event within 72 hours after death. M TO FU VS A15 (4) 15M 9/55

A corrected Certificate of Death will be prepared and forwarded if additional information is received concerning itmes presently indicated as unknown.

CERTIFICATE

I, the undersigned, while in performance of duties as Medical Officer of the Day, for the 1401st USAF Hospital, do hereby certify that I was summoned to the scene of the aircraft accident and found subject officer dead upon my arrival thereat. It is my opinion that death occurred approximately 10 to 15 minutes prior to my arrival.

Item lc: Unable to determine, aircraft had not landed.

REGINALD P. MCMANUS
CAPT, USAF (MC)
Attending Physician



224 BURIAL CREMATION, 226. DATE THEREOF

REMOVAL (Specify)

23. EUNERAL DIRECTOR'S SIGNATURE

		MARYLA 9765	ND S	TATE DEPA	RTME	NT OF HE	ALTH	E OF E	MORE, DEATH	18 Reg. Dis	-	759
	PLACE OF DEATH	Prince Geo	rges	MAI	RYLAND	2. USUAL RESIDE		here deceased				re odmission) Georges
t	ond give negrest fown) Cheve:		IRAL	c. LENGTH OF STA	A.	c. CITY OR TO			ote limits, write		give neo	irest town)
(Georges G		ital, give street oddral Hosp:		d. STREET ADD		enilwo	rth Av	renue		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Regina		Middle Leigh		Bost of		4. DATE OF DEATH	Sept		Doy 20,	Year 19 57
	Female . USUAL OCCUPATIO during most of working	6. COLOR OR RACE 7. COLOR OF RACE 7. (Give kind of work don (Give kind of work don (H)	IDOWED 10b. KI	DIVORCE	R INDUST			1957		12. CITIZ	51 !	F UNDER 24 HRS. Hours Min. WHAT COUNTRY?
15.	WAS DECEASED EVE	i M. Bosto R IN U. S. ARMED FORC (If yes, give war or dates of serv	S? 16. S	OCIAL SECURITY NO		Jo-an Formant O-ann B	nn	Thoma	Address	iress		
√ NOL	PART I. DEATI	iote couse	B	ronchopne			E TERMIN	NAL DISEASE C	ONDITION GIV	/EN IN PART	ONSET	AL BETWEEN AND DEATH WAS AUTOPSY PERFORMED?
MEDICAL CERTIFICATION	200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH. 20c. TIME OF INJUR Hour a. m. p. m. 21. I certify th	ITRIBUTING []	20d. IN While of work		20e. PLAC facto	CE OF INJURY (Homory, street, office blo	ne, form, ig., etc.)	20f. (City or		(Covi	nty)	(Stote)
	opinion death	resulted from: No	tural co	ouses 🔣, Acc	ident [], Suicide [], H	omicide []. Undete	rmined m	onner	

22d. LOCATION (City town, or county)

240. RESERY REGISTER

246 REGISTRAR'S SIGNATURE

(Stote)

gove rise to immedi (o), sloting the ur cause lost. PART II, OTHE CERTIFICATION 200. EXTERNAL CAUS PRIMARY OF CON' CAUSE OF DEATH. 20c. TIME OF INJUR Hour o. m. p. m. 21. I certify the opinion death DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER Sept.21, 1957 DEPUTY MEDICAL EXAMINER NAME (Type) John T. Maloney, M.D.

22c. NAME OF CEMETERY OR CREMATOR

ADDRESS

VS. AISME 5M 2/S7

BUREAU V. &

2Eb 56 1957

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9766 CERTIFICATE OF DEATH

09760

0.00				Reg. Dis	t. No.
1. PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (M. o. STATE		COUNTY	
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limi		George ive negrest town)
RURAL and give nearest town)	2 Dans		1	XO	
d. NAME OF HOSPITAL (If not in haspital, give street	7 Days	d. STREET ADDRESS	ille, Md	1	e. IS RESIDEN
Prince George General Hos	mital	Box 138 R	oute #2	1	ON A FAR
. NAME OF First	Middle	Last	4. DATE	Month	Day Year
(Type or print) William		Brown	OF DEATH	Sept	18 195
6. COUR OF BAGE 7. MARR WIDOWE	DIVORCED	8. DATE OF BIRTH 2-6-86	9. AGE lost l	1 . 2 . 4	Days Hours
0a. USUAL OCCUPATION (Give kind of work done doring most of working life, even if retired)			e or foreign country)	1	S OF WHAT COL
3. FATHER'S NAME Brown		14. MOTHER'S MAIDEN	NAME BI	rles	
S. WAS DECEASED EVED N U. S. ARMED FORCES? 16. (Yes. no. or unknown) (If os. give wor or dates of service)	SOCIAL SECURITY NO. 17. I	William F.	Brown	Address	as above
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under: lying cause last.	Cliron	ie Glor	ueriela	Neplei	tes 1 me
PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE COND	ITION GIVEN IN PART	1(a) 19. WAS AUTO PERFORME YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Part II of ite	em 18.)	
Hour a. n. While	NJURY OCCURRED 20e. PL Not while t at work	ACE OF INJURY (Home, for clory, street, affice bldg., et	m, 20f. (City or town	o) (C	County) (
21. I certify that I attended the decease alive on 19.	ed from	((, 19.17, to)) occurred at 11:1	ADDRESS (Speet, cir	causes and on th	ast saw the declared at the date stated of DATE:
PHYSICIAN'S NAME (Typo) Sammel J. Sugar N		H	TRAY	NIER	rd.
20. BURIAL, CREMATION, 226, DATE THEREOF	22c. NAME OF CEMETERY O	ebo	Mitel	ellsul	(State)
3. FUNERAL DIRECTOR'S SIGNATURE	Appress ()	MA - DATE S		REGISTRAR'S SIG	

CERTIFICATE OF DEATH

BUREAU V. S.

SEP 24 1957

BECEINED

rurl J. 'u rg....

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

director hours after death. funerol be Plo 12 and and puo carbon ofter physician remove 72 ā py remayal 00 DIRECTOR: 0 VS A15 (4) 15M 9/55

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THE STANCE OF STANC

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BUREAU V. E.

SEP 18 1957

BECEINED

Control of the second

d in by the funeral directar, and 2 shauld be filed with

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death: Page 4

TO HOSPITAL OR

VS A15 (4) 1SM 9/SS

may be relatined by the haspitol or ottending physicion.

TO FULL DIRECTOR: After this certificate has been signed by the attending physicion and campletely page 3(should be detached for use as the burial-transit permit. Then please remove carbon papers. Pag the registrar priar to burial, cremotian, or removal, and in any event within 72 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9747

CERTIFICATE OF DEATH

09762

	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. GTY, OR TOWN (If outside corporate limits, write RURAL ond give neorest town)	c. CITY of TOWN (If outside corporate Limits, write RURAL and give nearest town)
d. NAME OF MOSPITAL (1) not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS PCORRECTORIAL AL C. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Emma VIROLVIA	L BURTON 4. DATE Month Day Year DEATH Sept 19 1950
F. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH MAY 10 1877 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS, lost birthday) 80 yrs. Months Days Haurs Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during post of working life, even if retired)	USTRY N. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY U.S.A.
JAMES TAYMAN	JENNIE + TAYMAN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo, or unknown) (If yes, give war or dates of service)	MUS. Sim - Talfman
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO (c)	hemouhage Interval BETWEEN ONSET AND DEATH 2 days
I CAIL	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO ED. (Enter nature of injury in Port I or Part II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PI	LACE OF INJURY (Home, farm, class) 20f. (City or town) (Caunty) (State) colory, street, affice bldg., etc.)
21. I certify that I attended the deceased from Many alive on 4/19 1957, and that dealth	100-
PHYSICIAN'S NAME (Type)	Washington &C.
22a. BURIAL CREMINION, PEMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, towns or country) (Stole)
23. FUNERAL DIRECTOR'S SIGNATURE LE LEMENS TO THE STATUTE OF THE	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE SEP 2 3 '57

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SEP 23 1957



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9768 CEPTIFICATE OF DEATH

09763

Items 10a	,11,12,13,14	Film Geelin	0747	SOFDEAT	П		Reg. Dis	t. Na.	
1. PLACE OF DEATH o. COUNTY Pr	ince Georges	MARYLANI	2. 1	SUAL RESIDENCE (W. STATE Maryla)	there deceased	lived. If instituti b. COUNTY	rince	Geo:	odmission)
RURAL and give ne	foutside carporate limits, wri arest town) everly	c. LENGTH OF STAY IN 11	b ×	Chonel	autside carpo	rate limits, write R	URAL and g	ive neare	ist town)
OK INSTITUTION	AL (If not in hospital, give stronge General		/	d. STREET ADDRESS	57th	Ave.			IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	first Hatti			lost Butler	4. DATE OF DEATH	Mon		Doy 28	Year 19 57
5. SEX Female	Black WIDE	ARRIED NEVER MARRIED DIVORCED	5	Mar. 1902		9. AGE (In years lest-birthday) 55 yrs.	IF UNDER Months		UNDER 24 HRS. Hours Min.
during most at wark	N (Give kind of work done ing life, even if retired) USEWITE	06. KIND OF BUSINESS OR IN	DUSTRY	II. BIRTHPLACE (Stote		1	12. CITI		WHAT COUNTRY
13. FATHER'S NAME	ter Hughey		14.	MOTHER'S MAIDEN	NAME le Jac	7.000	A 18		
15. WAS DECEASED EVER	R IN U. S. ARMED FORCES? If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17	. INFOR		Le Vaci	Add	ress		
PART I. DEA' 330 X Conditions, if ar gove rise to in couse (a), stating the lying couse last.	DUE TO ty, which (b) F	ine for (o), (b), and (c).] inharachnoid he luptured anewry			of Will	is		ONSET 6	hours
IT CAIL		NS CONTRIBUTING TO DEATH B					EN IN PART		WAS AUTOPSY PERFORMED? (ES NO
	MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	CKED. (En	ter nature at injury in	rarr I ar Farr	II of item 18.)			
20c. TIME OF INJURY Hour a. jr. p. m.	w W	d. INJURY OCCURRED 20e. hile Not while work at work	PLACE C factory,	OF INJURY (Hame, for street, affice bldg., et	m, 20f. (City	or town)	(C	aunty)	(State)
21. I certify the alive on	at lattended the deco			19 7, to_ urred at 2,25 M 1			and on th		the decease stated abov DATE SIGNE
22a. BURIAL, CREMATION REMOVAL (Specify)	1015	225 NAME OF CEMETERY	OR CRE	MATORY	22d. LOCAT	10N (City town,	or county)		(State)
23. FUNERAL DIRECTOR'S	signature Barb	our 48-K	80	240. REC	D BY REGIST	RAR 24b. REGIS	STRAR'S SIG	NATURE	

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filed 24 haurs ofter death. funerol å pp 24 physician please ò mit. te hos been signed burial-transit permi So DIRECTOR: VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND SYATE DEPARTMENT OF HELITH-GALLIMORE, 18
183 MEDICAL EXAMINER'S CERTIFICATE OF SEATH

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE YES NO

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PERFORMED? YES NO

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MARYLAND STATE DEPARTMENT OF HEALTH-EASTIMORES IS .Vi consodola 1502 Charleten Call Settle

BUREAU V. E.

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1100

34				Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY PRINCE GEORGES	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If instituti b. COUNTY	ian: Residence befare admission) PRINCE GEORGES
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) CHEVERLY	write c. LENGTH OF STAY IN 16			RURAL and give nearest fawn)
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION PRINCE GEORGES		d. STREET ADDRESS / RTE. #	2 - BOX 90	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) NTCF	Middle ANN	CLARK	4. DATE Mor OF DEATH SEP	/
TOTAL TEN SAFETTE TO	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH June 11, 18	9. AGE (In years last birthday) 9. Yrs.	Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark do during most of working life, even if retired) HOUSEWITE	ne 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of Virginia	ır fareign cauntry)	12. CITIZEN OF WHAT COUNTRY.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Granville Pingleto			ne Austin	
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no. or unknown) No (If yes, give war ar dates of serv	ice)	ohn B. Ping	leton-	resas above
18. CAUSE OF DEATH [Enter only one caus PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. [c]	(accur	na Pe	et un.	INTERVAL BETWEEN ONSET AND DEATH A S JAS Un forcing
PART II. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO.
	0b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	art 1 or Part 11 af item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. ft. p. m. 19	20d. INJURY OCCURRED 20e. PL While Not while fa at work at work	ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the dalive on 9/30 ACTUAL SIGNATURE PHYSICIAN'S R. B. S.	leceased fram 9/28 , 1957 , and that death	occurred at 3/20	DDRESS (Street, city or town,	0/20/57
220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BURIAL 10/3/57	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, o	
23. FUNERAL DIRECTOR'S SIGNATURE Ritchie Bros.Funer	ADDRESS Upper Pal Home-Marlbon	24a. REC'D DATE	BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4 d in by the funeral directar, I and 2 shauld be filed with may the factoring by the haspital or attending physician.

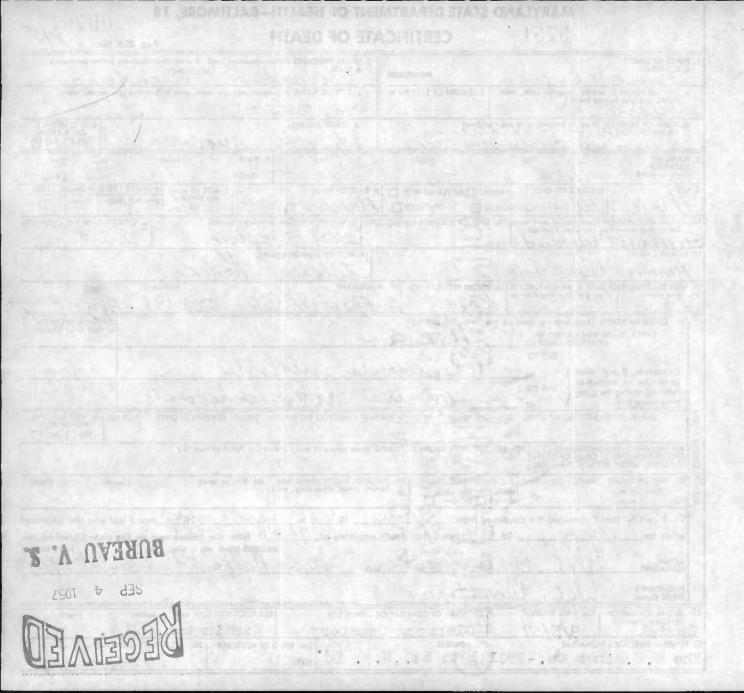
To Hunting by the haspital or attending physician.

To Ful AL DIRECTOR: After this certificate has been signed by the attending physician and campletely for the page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Page the registrar prior to burial, cremation, ar removal, and in any event within 72 hours offer death.

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	MARYL	AND STATE	DEPARTM	ENT OF HE	ALTH-BAL	TIMORE, 1	8	020	jay .
	9751	C	ERTIFICA	TE OF DE	ATH		Reg. Dist. N	976	245
PLACE OF DEATH o. COUNTY PRINCE	e Genedes		MARYLAND	2. USUAL RESIDER	ICE (Where decease	d lived. If institution b. COUNTY			ion)
b. CITY OR TOWN	N (If outside corporate limits, e nearest town)	write c. LENGTH	OF STAY IN 16	c. CITY OR TO	VN (If outside corp	prote limits, write R	URAL ond give n	earbit town)
d. NAME OF HOS OR INSTITUTIO	SUITE SPITAL (If not in hospital, given PAINT DRA. 3130 POWDE		ing Home	d. STREET ADD	RESS 44 Th	we.			DENCE FARM? NO
NAME OF DECEASED (Type or print)	LUKE	A	Middle 7	ColE	4. DATE OF DEATH			2	reor 1957
MALE	CALLCASIAL	MARRIED NEVE	DIVORCED .	MARCH .	24, 1873	9. AGE (In years lost birthdoy) yrs.	Months Days	Hours	R 24 HRS. Min.
USUAL OCCUPA during most of w	ATION (Give kind of work do vorking life, even if retired)	ne 10b. KIND OF BU	ISINESS OR INDUS	TRY 11. BIRTHPLACE	E (Stote or foreign of Unegin	country)	12. CITIZEN	de	COUNTR
ARIOUS	Nye Co.	le-		14. MOTHER'S M		Eller			
WAS DECEASED E	VER IN U. S. ARMED FORCE			Elizabel	th Cole	6708 d	44 Th 17	va ly	ustise
	DEATH [Enter only one coust DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e per line for (o), (b)), ond (c).]				IN OI	TERVAL BE	TWEEN DEATH
447) Conditions, if	DUE TO	Colo	and Corre	la-2200	edteet				
gove rise to codse (a), statin lying couse los	immediate DUE TO	A 6	Cerelo	of art	work	levose	T	71	
PART II. C	OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTION	IG TO DEATH BUT I	NOT RELATED TO TH	IE TERMINAL DISEA	E CONDITION GIV	EN IN PART 1(0)	PERFO	NO
20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING [] 2 NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	0b. DESCRIBE HOW I	INJURY OCCURRED	. (Enter noture of in	jury in Port I or Pa	rt II of item 18.)			
20c. TIME OF INJ Hour o. n p. n	n. 10	20d. INJURY OCCU While Not wh of work of work	ile foci	CE OF INJURY IHO lory, street, office b	ne, form, 20f. (Cit dg., etc.)	y or town)	(Count)	1)	(State
	that attended the c		Jun	1 195 /	120 Pt.	2 , 196/	,that I last		
ACTUAL SIGNATURE	Wicil	1) ents	raul	A.D. 26		m the causes a litreet, city or town,		ate state	TE SIGN
PHYSICIAN'S NAME (Type)	W.C.	Deintre	aub						
BURIAL, CREMAT REMOVAL (Speci	TION, 226. DATE THEREOF		of CEMETERY OF			TION (City, town, o	- A	(Stote)
FUNERAL DIRECTO	OR'S SIGNATURE	ADDRE				TRAR 246. REGIS	4	URE	7,17



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9832

CERTIFICATE OF DEATH

09768 Reg. Dist. No.

	PLACE OF DEATH o. COUNTY Pri	nce Georges	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY							
		f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Glenn Da	le (rural)	2 yra,1 mo.,	Was	hington	4"	7x-3			
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give street	oddress) 30 days.	d. STREET ADDRE	SS			e.	IS RESI	DENCE FARM?
		Glenn Dale Hos	pital	162	28 27th S	St., S. E				NO 🛣
3.	NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Mon	ith	Doy	Y	rear .
	(Type or print)	Henry	P.	Conner	DEATH	9		12	1	9 57
5.	SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER			
	Male	White WIDOW		5/5/1897		60 yrs.	Months	Doys	Hours	Min.
100	during most of work	ON (Give kind of work done 10b	KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State or foreign c	ountry)	12. CITI	ZEN OF	WHAT	COUNTRY
	Painter		elf-employed	Washing	gton, D.	C.	U	SA		
13.	FATHER'S NAME			14. MOTHER'S MAIL	DEN NAME					
	James D.	Conner		Mary Lar	18					
15.	WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	-5 11 11	Add	ress	1		
	No		79-03-4166	Decedent		-				
	IB. CAUSE OF DEA	TH [Enter only one cause per I	ine for (o), (b), and (c).]					INTER	VAL BE	TWEEN
		TH WAS CALISED BY.	or pulmonale						TAND	
	002X		JUL DULLING STREET				R. Transi	-	724	,,,
	Conditions, if or	an mikink Y	ulmonary emphy	rsema				5	yra	
	gove rise to in	mmediate (desirosade y compre	ООЩА				1	JIL	•,
	lying couse lost.	the under- [ulmonary tuber	culosis				10	yrs	
z		IER SIGNIFICANT CONDITIONS			FRMINAL DISEAS	E CONDITION GIV	EN IN PART			
ATIC							2.4.0.4.7.11.0		PERFO	RMED?
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING [] 20b. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injur	y in Port I or Por	t II of item 18.)			its ex	140 []
CER	OR CONTRIBUTING	MEDICAL EXAMINER)								
S. S.	20c. TIME OF INJUR	Y Month, Day, Year 20d.	NJURY OCCURRED 20e. P	LACE OF INJURY (Home,	farm, 20f. (City	or town)	10	ounty)		(Stole)
MEDICAL	Hour a. n.	19 While of wo	Not while fo	octory, street, office bldg.			10	0011177		(3.0.0)
2	p. m.			المرابع	0.00	and since				
		at I attended the decea	and an	, 19 <u>_</u> 55, to						
	alive on	12.	.57, and that deat	n occurred at 111				e date		
	ACTUAL	MIND MALLA				reet, city or town,			DA	TE SIGNED
	ACTUAL SIGNATURE	aut our		M.D	enn Dale	Hospita	1	9,	/12/	57
	PHYSICIAN'S	Moe Weiss, M. I		C1	enn Dale	, Maryla	m d			
=										
220	REMOTE (Specify)	DATE THEREOF	22c. NAME OF CEMETERY	in the	md. LOCA	M/n 1 h	county)		Stote	P
23.	FUNERAL DIRECTOR	S SIGNATURE #222	ADDRESS	S 240.	REC'D BY REGIST	RAR 246. REGIS	TRAR'S SIG	NATURE	-1/-	
	Earnes !	T. Pulcini	np. 312 Pen	M Bri DATE	A 1 17 18	57 WW-	Leave	ch		
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BUREAU V. S. ZEP 17 1957 AND A STATE OF A CORNER

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CERTIFICATE OF DEATH

09769

2000						keg. Dist.	110.	
1. PLACE OF DEATH o. COUNTY Prince Georges	MARYLAN	2. USUAL RESID	shingt	on, D.C.	If institution COUNTY	1 Residence	before adm	ilssion)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 1	b c. CITY OR T	OWN (If outs	ide corporate lin	nits, write RUI	AL ond give	e negrest to	nwn) /
RURAL and give nearest town)	Unlengun				117	4 0		
Andrews Air Force Base	Unknown	d. STREET A	DDRESS	-		X = 53	la IS B	ESIDENCE
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 1401ST USAF HOSPITAL (MATS				reet S.1	٧.		. YES	ESIDENCE A FARM?
3. NAME OF First DECRASED (Type or print) Charles	Middle Willian	n Cous	ar	OF DEATH	Month Septen	nber	Day 1	Yeor 19 57
5. SEX 6. COLOR OR RACE 7. MARI	RIED A NEVER MARRIED	1 8. DATE OF BIRTH	1	9. AG	E (In years	FUNDER I	EAR IF UN	IDER 24 HRS.
Male Negroid widow	ED DIVORCED	12 Apri		60	yrs.	Months De	ays Hou	min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR IN	IDUSTRY 11. BIRTHPL	ACE (State or	foreign country)		12. CITIZE	N OF WH	AT COUNTRY?
Taxi Driver		Rayf	ord, N	.C.		Unit	ed St	ates
13. FATHER'S NAME		14. MOTHER'S	MAIDEN NAM	ME				
James Cousar		Ida	Hodges					
	SOCIAL SECURITY NO. 17	7. INFORMANT			Addres	15		
	Inknown	Clara Cou	sar #	6, N. S	treet S	S.W.		
18. CAUSE OF DEATH [Enter only one couse per li	ine for (o), (b), and (c).]		JR A	With a			INTERVAL ONSET AN	
PART I. DEATH WAS CAUSED BY: Cer	rebral Hemorr	hage					6 Ho	
33/X DUE TO					7.7%			
Conditions, if ony, which) (b) Art	teriolar Hype:	rtension				2.32	3 Ye	ars
gove rise to immediate							. 17 . 27	
lying couse lost.								
	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINA	AL DISEASE CON	DITION GIVE	N IN PART 1	PER	S AUTOPSY FORMED?
PART II. OTHER SIGNIFICANT CONDITIONS. 200. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCU	RRED. (Enter nature of	Finjury in Por	t I or Port II of	item 1B.)			
A Hour o. m. While		PLACE OF INJURY (I foctory, street, office	fome, form, bldg., etc.)	20f. (City or to	vn)	(Cou	unty)	(Stote)
21. I certify that I attended the deceas	sed fram L Sente	mber, 1957	, tol Se	motembe	r, 1957	that I la	st saw th	e deceased
olive on 1 September 195								
ACTUAL Charles &	ins	м.в. 1401S		Hospita				DATE SIGNED
PHYSICIAN'S NAME (Type) CHARLES I. PICUS	/	(MC) Andre					gton :	25, D.C
22¢. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETER			2d. LOCATION (tote)
REMOVAL (Specify) Burial 9-6-57	Lincoln M			Suitla				
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		240. REC'D I	BY REGISTRAR	24b. REGIST			
			DATE	a genty	0.1	-	1	

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 may be relationed by the haspital or attending physician.

TO FU AL DIRECTOR: After this certificate has been signed by the attending physician and campletely fined in by the funeral director, page 2, should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours ofly death. TO FU VS A15 (4) 15M 9/SS

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tores or the society of the	Say no is also				
	NAME OF STREET				
			STATE OF THE STATE OF		
	N. B.				
BUREAU V.	TO I SM	Si a der			
. SEP ↑ 1957	:				
DECENTE		A			

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be lained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. M

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9772 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09770

Reg. Dist. No. 23/

1. PLACE OF DEATH o. COUNTY Pr	rince George	· Is	MAI	YLAND	o. STATE Dist		Columbia		perore comission)
b. CITY OR TOWN and give nearest tow		e RURAL	c. LENGTH OF STAY 3 days	IN 16	c. CITY OR TOW		porate limits, write	RURAL ond giv	re neorest lown)
	ITAL OR INSTITUTION (ess)	d. STREET ADDRE	ss R Street	M W		e. IS RESIDENCE ON A FARM?
	orge's Gener	al Ho	ospital		2000 1		, N . W .		YES NO
3. NAME OF DECEASED (Type or print)	William		Middle ard	Cı	rump Lost	4. DATE OF DEATH	September		19 57
5. SEX	6. COLOR OR RACE White	7. MARR	TED NEVER MARRI		Sept 2,	1888	9. AGE (In years loubly holds)	Months Day	AR IF UNDER 24 HRS
100 LISUAL OCCUPAT	TION (Give kind of work king life, even if retired)	done 10b.	Land .			Stale or foreign	1		S. A.
13. FATHER'S NAME William	F. Crump				14. MOTHER'S MAID Elizab	eth Rey	olds		
15. WAS DECEASED E	EVER IN U. S. ARMED FO	RCES? 16	. SOCIAL SECURITY NO		FORMANT Eligabeth	1 4 / 1	7330 12t	h N. W.	
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		for (a), (b), and (c).		Washington sis	, D.C.			NTERVAL BETWEEN DNSET AND DEATH
Conditions, if gave rise to imm (a), stating the cause last.	nediate cause)	ardiovascu;				SE CONDITION GIVE	EN IN PART II	V29OTHA 2AW OF
20g. EXTERNAL C	AUSE WAS ONTRIBUTING []		BE HOW INJURY OCC						PERFORMED? YES NO
CAUSE OF DEATH 20c. TIME OF INJ Hour o. n p. n	SURY Month, Doy, Ye	Wh		20e. PLAC	CE OF INJURY (Home, ory, street, office bldg.	form, 20f. (Cit	y or town)	(County) (Stote)
apinion deat	that I tack charge h resulted from:				M.D. CHIEF MEDIC	, Homicide AL EXAMINER [EDICAL EXAMIN	Undete	ermined mo	DATE SIGNED
NAME (Type)	9/18/5	or 7	Arlingto		crematory		ATION (City, town,		(Stote)
Joseph &	od windows	na]7	56 Pennsy Washing	lvar ton,			Reckede	il	

MARYLAND STATE BERASTATION OF HEALTH HALL CHAPPAIN OF DEATH

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

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PLACE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may Letoined by the hospital or ottending physician.

Pilled W	Prince Georges Maryland Maryland Prince Georges
3 130	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Cheverly C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Mount Rainier
ond 2 should	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Prince George Hospital d. STREET ADDRESS 4. STREET ADDRESS ON A FARM? YES NO 18
	3. NAME OF DECEASED (Type or print) John Campbell Dallas DEATH Sept 13 19 57
	5. SEX Male 6. COLOR OR RACE 7. MARRIED MEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED DIVORCED Jan. 15,1884 9. AGE (In years lost birthday) Months Doys Hours Min.
ofter death.	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Marine Engineer (Retired) Washing ton, D. C.
I offer	13. FATHER'S NAME Everett J. Dallas 14. MOTHER'S MAIDEN NAME Elizabeth Campbell
127	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mt. Rainier, Md. Mrs. Bessie T. Dallas-4023 37th Street
nt within	18. CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PURE THE CAUSE (o) INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
ony eve	Conditions, if ony, which (b) Brouch opneumoriea (Week
ui puo	couse (o), stoting the under of the Chemic Corondry Insufficiency 1 year
maval,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY HERFORMED? YES NO
n, or re	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING NOTIFY MEDICAL EXAMINER 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (County) (Stote)
crematia	Hour o. m. p. m. 19 While of work of work foctory, street, office bldg., etc.) of work of work of work
buriol, o	21. I certify that I attended the deceased from 1950, to 1957, that I last saw the deceased alive an 1951, and that death accurred at 5.00 M, from the causes and on the date stated above.
or to	ACTUAL Beyonen & Miller M. 3824-34At Not Review Left (31957
gistror p	PHYSICIAN'S Benjamin S. Miller To ANNUAL CREATION AND AND MISSES AND
the re	220. BURIAL, CREMATION, Part THEREOF POINT PREMOVAL (Specify) POINT PRE
	The S. H. Hines Co 2901 Lithst., N. W. Wash Date SEP 16 '57

GERTIFICATE OF DEATH

BUREAU V. S.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death: Page 4	may be retained by the haspital or attending physician. TO FUL AL DIRECTOR: After this certificate has been staned by the attending physician and completely find in by the funeral director.	page 3 thould be detached for use as the burial-transit permit. Then please remove carbon papers. Pag 31 and 2 should be filed with	the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.
OSPI	9	Po o	regis
HC	moy FU	pod	the
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3114	CERTIFICA	TIE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY PRINCE GEORGES	MARYLAND	2. USUAL RESIDENCE (Whe		ion: Residence before admission) PRINCE GEORGES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negret town)	c. LENGTH OF STAY IN 16		tside corporate limits, write R	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION PRINCE GEORGES GENT	ERAL HOSPITAL	d. STREET ADDRESS	- 37th. AVE.	e. IS RESIDENCE ON A FARM? YES NO 🔯
3. NAME OF First DECEASED (Type or print) JOHN	Middle W.	DEAN ^e lost	4. DATE Mor OF DEATH SEPT	EMBER 24 1957
5. SEX 6. COLOR OR RACE 7. MARR WIDOWE	D DIVORCED	SEPT. 21, 189	9. AGE (In years last 2 irthday) yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole o		U.S. A
ió father's NAME Julian W. Deane –		14. MOTHER'S MAIDEN NA Ella Ri		
		FORMANT Vivian M Dear	ne Cottage	ross City Md.
18. CAUSE OF DEATH [Enter only one cause pac lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	p for (a), (b), and (c).	evislad.	itteat Des	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which	Cercle	fale's		
gove rise to immediate cause (a), stating the under-lying cause last.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. II Hour a. 31. p. m. 19 at work	ONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	VEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 200. DESC OR CONTRIBUTING 200. CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Po	ert I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN White at work	_ Not while _ fact	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive on 9/24 1957		, 19 57 , ta occurred at 8 : 45 A	9/24 , 19 57 M, Fram the causes (that I last saw the decease and on the date stated above
ACTUAL SIGNATURE	, ,		DDRESS (Street, city or town	
PHYSICIAN'S A Deitz	5	Hyatts	sville Md	
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 9/27/57	2c. NAME OF CEMETERY OR Fort Lincols	n Cemetery	22d. LOCATION (City, 16wn, Colmar Mano)	r, Md.
23. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons Hyattsvi	ADDRESS	24o. Mecho		STRAR'S SIGNATURE

2Eb 56 1957

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>	*	5	9775 CERTIFICATE OF DEATH	9773
filted with	1	1.	PLACE OF DEATH a. COUNTY a. STATE A. COUNTY b. COUNTY b. COUNTY b. COUNTY c. STATE C. STATE C. STATE C. COUNTY C. STATE C. COUNTY C. STATE C. COUNTY C	before admission) Leogle
should ber		1	SO CITY OR TOWN (If autside corporate limits, write ft. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give records town) RURAL and give records town)	ive nearest (gwn)
by the	00	1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION HOS-40 Street HHOS-40 Street	e. IS RESIDENCE ON A FARM? YES NO
Fiy d in		3.	NAME OF DECEASED First Middle Lost 4. DATE Month OF DEATH SEATH SEX 16. COLOR OR RACE 17. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 9. AGE (19 years 11F UNDER 11F UND	Day Year 1951 1 YEAR IF UNDER 24 HRS.
completely papers. Po	_	2	wale solicite WIDOWED DIVORCED 5/5/902 53 yrs. Months	Days Hours Min. ZEN OF WHAT COUNTRY
P 2 4		10	during most of working life, even if retired) Darby Ob. Washington De. 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	L.S. a.
physician a smave carbo hours after		B	Source Of Deut Roberta E. Calve	at a
tending pl slease rem ithin 72 h	0	- IY	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
he atter hen ple ent with			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ONSELAND DEATH
gned by I bermit. I			Canditions, if any, which gove rise to immediate couse (a), stating the under-	Jean John
ransit plus and il, and il		NO.	Lying couse lost. (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
te has burial-		RTIFICAT	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO A
certifica a as the stion, or		SICAL CERT	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	ounty) (State)
ter this d for us		MEDI	Haur a. n. p. m. 19 While at wark of wark roctory, street, office bldg., etc.) 21. I certify that I attended the deceased from 1957, that I is	ast saw the decease
TOR: Af Jetached			alive an	
1 DIRECTOR OULD be car prior to	1		PHYSICIAN'S RS WILLIAMS M.D. 35 Men york as	e New 9 Pract
FUR S IN		22	NAME (Type) O. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
A15 (4)	A	123	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ADDRESS ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ADDRESS ADDR	NATURE / NO
M 9/55	1	#	Inc. Mr. Namer DATE P 18 '57 Dutonial	/

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FOR STATE HEALTH DEPT

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09774

9834 DICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

•	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. It institutions Residence before admission) o. STATE Listric of A COUNTY is the contract of the county of the cou
	b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
) !	d. NAME OF HOSPITAL OR INSTITUTION (Hynar in hospital, give street address)	d. STREET ADDRESS 329-11 Street St., e. IS RESIDENCE ON A FARM? YES NO B
	3. NAME OF DECEASED (Type or print) Tabert Theresh	Occasion A. DATE Month Doy Year DEATH DEATH 28 1957
1	male kiti WIDOWED DIVORCED IN	DATE OF BIRTH 9. AGE fin years IFUNDER 1YEAR IF UNDER 24 HRS. (I) Month's Days Hours Min.
1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST dyring most of Vosking file, eyen if retired Shift from a	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 1
	13. FATHER'S NAME	Esther Jalmaden RAME
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. W [Verbage of unknown] (If yes, give wor or doles of service)	NFORMANT Address (1 17 th At See
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Clayony	INTERVAL BETWEEN ONSET AND DEATH
/	Conditions, if any, which) (b) Crosurum	
	gave rise to immediate couse (a), stating the underlying couse lost. (c)	
0	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTR	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO
		inter noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA Staur p.m. 9-75195 While Not work of work of work of work	CE OF, INJURY (Home, form, 201. (City or town) (County) (State) ory, street, officelbldg., etc.) Reac Clexandrus Va
	21. I certify that I taok charge of the remains described abo	ve, held an Autapsy , Inspection , Inquiry , and in my
	apinion death resulted fram: Natural causes . Accident [
	SIGNATURE CONTRACTOR STORY	_M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
2	EXAMINER'S AME (Type) AME (Type) AME (Type) AME	ASSISTANT MEDICAL EXAMINER A SOLD 128, 1957
	220. BURTAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR SEMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town of county) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	W.W. Jumous a 13/1/	13 ST STOATE OF A 53 Pre

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary please executions, writing the ward "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Raxminer's Office along with farm PM3. Page 5 may be mined for your filler.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the late Baard of Affection is designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death. VS. A15ME 5M 2/57

BUREAU V. E.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 97 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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t. PLACE OF DEATH					2. USUAL RESIDENCE	(Where dece			lence bef	ore odmission)
a. COUNTS	Dadwan Coas		MARY	LAND	G. STATE MAT	ryland	b. COUN	TY Pr	ince	Georges
b. CITY OR TOWN	Prince Geory	RURAL	c. LENGTH OF STAY I	NIb	c. CITY OR TOWN	-	rporole limits, writ			
and give nearest to	wn)		201							
	heverly	If and in the	D.O.A.		d. STREET ADDRES	en Arde	41			le. IS RESIDENCE
				"	/					ON A FARM?
	e Georges G	enera	I Hospital		15)	n and 1	Lincoln A	venue		YES NO
3. NAME OF DECEASED (Type or print)	Le Ro		Middle		Dock	4. DATE OF DEATH	Septe		29	Yeor 19 57
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE Iln years	IF UNDER	TYEAR	IF UNDER 24 HRS
Male	Colored	WIDOWI	DIVORCED		March 2, 1	908	49 yrs	Months	Doys	Hours Min.
10g. USUAL OCCUPA	TION (Give kind of work	done 10b.	KIND OF BUSINESS OR I					1	IZEN OI	WHAT COUNTRY
Janitor	king life, even if retired)		High School		Marylar				U.S.	
13. FATHER'S NAME					14. MOTHER'S MAIDE	N NAME				
And	rew Dock				Lei	na Butl	ler			
15. WAS DECEASED I	EVER IN U. S. ARMED FO	RCES? 16	SOCIAL SECURITY NO.	17. IN	FORMANT		Addres	16		
[Yes, no. or unknown)	(If yes, give war or dates at	service)		G1	adys Dock;	same	address	317		
Tio CAUSE OF DE	ATH [Enter only one cau	and the	for (a) (b) and (a)]		,				LILITER	VAL BETWEEN
442×	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		Acute conges Cardiovascui						Unit	T AND DEATH
Conditions, if			Caratovasca	rar	Lenar Cree	abe				
(o), staling the										
couse fost.) (c)									
PART II, O	THER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TE	RMINAL DISEA	SE CONDITION G	IVEN IN PAI		PERFORMED?
200. EXTERNAL C PRIMARY OF C CAUSE OF DEATH	AUSE WAS ONTRIBUTING 1	b. DESCRI	BE HOW INJURY OCCUR	RED. (En	iter noture of injury in	Port I or Port I	ll of item 18.)			
20c. TIME OF INJ	1.	Whi			E OF INJURY (Home, f- ry, street, office bldg.,		ty or town)	(Co	unty)	(Stote)
21. I certify	that I taok charge	of the	remains described	abay	e, held an Auta	psy	Inspection X	, Inqui	ry [20]	and in my
opinion deat	h resulted fram: 1	Vatural	causes X. Accid	lent [, Suicide ,			ermined	,	
ACTUAL SIGNATURE	John J- 7	Jak	oney		M.D. CHIEF MEDICAL	EXAMINER				DATE SIGNED
EXAMINER'S NAME (Type)	John T. M	lone	y, M.D.		DEPUTY MEDICA			tember	29	1957
220 BURIAL, CREMAT REMOVAL (Special PLANCE)		1957	229 NAME OF CEMETE	RYOR	CREMATORY	Dia Dia	ATION (City, town,	or county)	V	Mild.
23. FUNERAL DIRECTO	MINISTA +S	204	ADDRESS ADDRESS	nu) 00 OCT DATE	3 '57	CUAL REG	Sue	GNATUR	E

HEDICAL EXAMINES CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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SEP 19 1957	Telephone		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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L		98:	35	CERT	IFIC/	ATE OI	DEATH	1		Reg. Di	st. No.		
	o. COUNTY	rince Geor	res	MAI	YLAND	2. USUAL o. STAT	RESIDENCE (WI	here deceased	d lived. If institution b COUNTY	on: Residen	ice befor	re odmiss	ion)
T	b. CITY OR TOWN (If RURAL and give nec	outside corporate lim		c. LENGTH OF STA	YINIb	c. CITY			rote limits, write R		give ned	rest town	1)
L	Glenn D			34 mos 2	lı day	s	Washir	ngton.	D.C.	47x	3		
	d. NAME OF HOSPITA	L (If not in hospital,	give street	address)	4.00		ET ADDRESS			1 1 1		e. IS RES	IDENCE
L		ale Hospit	al				210 C	St. N	-W-				FARM?
3.	NAME OF DECEASED		rst	Midd R.	le	Downey	Lost	4. DATE OF DEATH	Mon Sep		Do		Yeor 19 57
5.	. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARI	RIED 🔲	B. DATE OF	BIRTH		9. AGE (In years lost birthday)	IF UNDER			ER 24 HRS.
L	Male	White	WIDOW	ED DIVORC	ED G3	11,	/14/1889	9	67 yrs.	Months	Days	Hours	Min.
TO	Do. USUAL OCCUPATION	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIR	THPLACE (Stote	or fareign co	ountry)	12. CIT	IZEN O	F WHAT	COUNTRY
	News Ven		"	Newspaper			Michia	an			U	.S.	
13	B. FATHER'S NAME		-	NONDPAPOL		14. MOTH	ER'S MAIDEN						
ı	John Down	OIL					Was	D					
15	. WAS DECEASED EVER	IN U. S. ARMED FOI		SOCIAL SECURITY N	O. 17. II	NFORMANT	Ma.	ry Dav	Add	ress			1 1 1 1 1
ľ	Yes, no, or unknown) (II	f yes, give wor or dates of	service)	Unknown		3							
1	IB. CAUSE OF DEAT	TH [Enter only one co	ouse per lin	- C. School Serie Jacobs	0.1		saed	77 77			LINTE	RVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:									ONS	ET AND	DEATH
П	on2X	IMMEDIATE CAUSE (c		Pulmona	ry Ti	mercu	LOSIS					15 y	rs.
1	Conditions, if on	u subřak V											
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IFIC	20a. ACCIDENT WAS	monale: Ci		CRIBE HOW INJURY			re of injury in	Port Lor Port	II of item 18 1			1E2 [№ Д
N CERTIFICATION		CAUSE OF DEATH MEDICAL EXAMINER)								+ 1			
MEDICAL	20c. TIME OF INJURY Hour o. j., p. m.	Month, Day, Ye	While of work	Not while	20e. PL/ foc	ACE OF INJU	RY (Home, farm office bldg., etc) 20f. (City	or town)	(0	County)		(Stote)
Ł	21. I certify the	at I attended the	decease	ed from Oc	t. 8	19	i) to	Sent.	1 1957	that I	last sa	w the	decenses
		Sept. 1	./19 5						the causes o				
Т		17.		2,2,2,0,10	. acom	Occomed		ADDRESS (St	reet, city or town,	state)	ne uui		ATE SIGNED
	ACTUAL SIGNATURE	More	we	·w		M.D			spital,		Dal	e S	1/57
L	PHYSICIAN'S NAME (Type) M	oe Weiss M	D.				Maryland	i					
2	REMOVAL (Specify)	9 - 4/ -	57	22c. NAME OF CEN	METERY OF	10	neter	22d. LOCAT	ON (City, town, o	or country	.((Stote	e)
23	. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		-+	240 REC"	D BY REGIST	RAI 24b. EGIS	TRAR'S S	SNATUR	E	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09778 CERTIFICATE OF DEATH Rea. Dist. No. with director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND Prince funeral c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town should emon d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS e, IS RESIDENCE ON A FARM? YES NO NAME OF DATE Month Yeor DECEASED OF DEATH (Type or print) 19 9. AGE (In years lost birthday) 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours DIVORCED WIDOWED | 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign country) during most of working life, even if retired) echnica ond carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address 18. CAUSE OF DEATH [Enter only one couse per line for (b). ond (c). INTERVAL BETWEEN ONSET AND DEATH 0 PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) **DUE TO** P permit. ony Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. burial-transit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c, TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stole) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work 21. I certify that I attended the deceased fram 17. that I last saw the deceased and that death accurred at 9:50 alive an M, fram the causes and an the date stated above DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL shoul PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) ransportation 9/3/57 Greenfield Massachusetts 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Hyattsville. Maryland. F. Gasch's ons DATE

death.

within

certificate

that

80.90000 BUREAU Y. S. 2961 & d3S IS MISS . Mark the contract the second of the said . . TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death may be retained by the hospital or attending physician.

TO FU. AL DIRECTOR: After this certificate has been signed by the attending page 3 shauld be detached far use as the burial-transit permit. Then please the registrar priar to burial, cremation, ar remaval, and in any event within

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-	BALTIMORE,	18
9779	CERTIFICATE	OF	DEATH		

CERTIFICATE OF DEATH

o. COUNTY	ce Georges		MARYLAND	o. STATE	DENCE (WI	141	d lived. If instituti b. COUNTY		e before od	mission)
	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN 16			-	prote limits, write R			own)
Che	verly		6 days	123 G	reenb	elt				
OR INSTITUTION	TAL (If not in hospitol, g	1112	oddress)	d. STREET		lateau	Pl.		01	RESIDENCE
3. NAME OF DECEASED (Type or print)	Louise	'st	Middle	Eastn		4. DATE OF DEATH	Sep		Day	Yeor 19 57
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIR	ГН		9. AGE (In years	IF UNDER	I YEAR IF U	NDER 24 HRS.
Female	White	WIDOWE	Colored Colore	6 Sept	1882		last birthday)		Days Hou	ors Min.
10a. USUAL OCCUPATION during most of wor House will	king life, even if retired)	wn Home		ine	or foreign c	ountry)	12. CIT		S.A.
13. FATHER'S NAME				14. MOTHER		NAME				
S.S. Penne	ey									
	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT			Add	ress		
No	Iff yes, gay, war or dates of s		None R	uth Mac	Kenz	ie	Same as	# 2		
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PART II. OT 20g. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH BU	IT NOT RELATED T	O THE TERM	INAL DISEAS	E CONDITION GIV	VEN IN PART	PEI	AS AUTOPSY REFORMED?
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter noture	of injury in	Port I or Por	t II of item 1B.)			
20c. TIME OF INJUS Hour o. m. p. m.	RY Month, Day, Ye 19	While		PLACE OF INJURY octory, street, office			or town)	(C	ounty)	(Stote)
21. I certify the alive on	hat I attended the	decease , 19	ed fram. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	7		ADDRESS (S		and an th		ated abov
	il Bergman	1		_ M.D	Hyat	tsvil	le, Md.			
220. BURIAL, CREMATIC	ON, 226. DATE THEREC		22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCA	TION (City, town,	or county)	(1	Stote)
Reffoval1Specify			Leete Funer				ford, Co.			
23. FUNERAL DIRECTOR F. Gasch's		lyatt	ADDRESS sville, Md.		24o. RES	EPSY SECIS	BAR WEG	TRAR'S SIC	NATURE	

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CERTIFICATE OF DEATH 9748 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND Tince b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) ar d. NAME OF HOSPITAL AT not in hospital, give street oddress d. STREET ADDRESS e. IS RESIDENCE ON A FARM YES NO D NAME OF Middle DATE Manth Day Year DECEASED dam DEATH 19.50 (Type or print) 5. SEX 6. COLOR OR RACE 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HBS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Doys Hours WIDOWED DIVORCED T papers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11_BIRTHPLACE Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME F 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which ony gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19, WAS AUTOPSY PERFORMED? YES NO voupous 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased fram. 1951, that I last saw the deceased and that death occurred at 1128 .M, fram the causes and on the date stated above. ADDRESS (Street, city or town, stote DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) removal (specify) Prospect Hill Cemetery York, 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Saoy1 The S.H. Hines Company, 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
		9752 CERTIFICATE OF DEATH Reg.	097845 Dist. No.
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9	10a	du USUAL OCCUPATION (Give, bind of work done during most of working life Leven if retired) Wind Working Most of working life Leven if retired) Wind Working life Leven if retired) 12.	CITIZEN OF WHAT COUNTRY
	13.	Ellen E. Phelps	
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		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROMIC FORMAN TO SEATH WAS CAUSED BY: ON THE PROMIC FORMAN TO SEATH FORMAN	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which) DUE TO GENERALIZED ARTERIOSCIENCE	35
		gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO (c)	
0	CATION		PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIF		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Not while of work of two of	(County) (State)
		21. I certify that I attended the deceased from 1957, that alive on 1957, and that death occurred at M, from the causes and at	I last saw the decease
,		ACTUAL SIGNATURE M.D. ADDRESS (Street sity or town, store) M.D. ADDRESS (Street sity or town, store)	Del 946
/		PHYSICIAN'S CUE ETIENNE College Dark?	14
	220	o. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Beltsville, Md.	
Ro	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S F. Gasch's Sons Hyattsville, Maryland Care 7	
1,		31-P ± 9 1957	2

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		978		CERTIFICA	ATE OF DEA	IH		Reg. Dist. I	No.	
	1. PLACE OF DEATH o. COUNTY Prince	eorges		MARYLAND	2. USUAL RESIDENCE O. STATE Maryland			on: Residence b		ion)
	RURAL ond give	Md.		8 Hrs	c. CITY OR TOWN	The second second	rote limits, write R	URAL ond give	nearest town	1)
17	OR INSTITUTION	ITAL (If not in hospital, given being General Constants)			d. STREET ADDRES					FARM?
	3. NAME OF DECEASED (Type or print)	Laur		Middle F1.	lding	4. DATE OF DEATH	Sept		Day	Year 19 57
	5. SEX		WIDOWED [DIVORCED [9-5-93		9. AGE (In years loss birthdoy) O4 yrs.	Months Doy		Min.
4	Retired I	ION (Give kind of work derking life, even if retired) Lailway Ma			STRY 11. BIRTHPLACE (S		ountry)		J. S.	
I	13. FATHER'S NAME LOSLIO	F. Fieldi	ng		Laura					
0	15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FORG			nformant aurence F.	Field	Add ling 600	OHO	verly	
		the under-	100	(b) and (c) I	alher	luse	aser		Val	the search
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	20c. TIME OF INJU Hour e. p.	10	- Dept. 7-100	of while fo	ACE OF INJURY (Home, ctory, street, office bldg.,	form, 20f. (City , etc.)	or town)	(Coun	ty)	(Stote)
1	21. I certify to alive an	that I attended the	deceased from	/	5.3, 19, to accurred at 8:		2-3., 19.5 In the causes of treet, city or town.	and an the	date state	
	REMOVAL (Specify Burial	9/26/5	7 Ft		n Cemeter	Prir	TION (City, town, o	ges. Co		e) (d.
B	23. FUNERAL DIRECTO	R'S SIGNATURE		DORESS 14 ALS	240.	REC'D BY REGIST		STRAR'S SIGNA		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be cetained by the haspital ar attending physician. VS A15 (4 15M 9/55

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CERTIFICATE OF DEATH

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CONT. Present No.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9781 CERTIFICATE OF DEATH Reg. Dist. No. directar 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY W b. COUNTY MARYLAND in a b. CITY OR TOWN (If outside corporate limits, write RURAL and give headest town) C. LENGTH OF STAY IN 16 c. CITY ORNIOWN (If outside corporate limits, write RURAL and give nearest to shauld d. NAME OF HOSPITAL (If not in hospital, viv street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM YES NO NAME OF Middle 4. DATE Year DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED DO NEVER MARRIED 5. SEX 9. AGE (In years 8. DATE OF BIRTH DER 1 YEAR JE LINDER 24 HRS lost birthday) Months Days WIDOWED DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign_country 12. CITIZEN OF WHAT COUNTRY? soul after 3. FATHER'S NAME 14. MOTHER'S MAIDEN, NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: of an IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which (b) gove rise to immediate per **DUE TO** cause (a), stoting the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour a. ft. While Not while at wark at work p. m 21. I certify that I oftended the deceased from L 195___,that I last saw the deceased and that death occurred at 10.54. M, from the couses and on the date stated above. olive on ADDRESS (Street, city or Jown, stote) DATE SIGNED ACTUAL Rot PHYSICIAN'S Albert NAME (Type) BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. MCATION (City, town, or county) S REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No.

MARYLAND	2. USUAL RESIDENCE (V	Vhere deceased I	b. COUNTY	n: Residence be	efore admission)
NGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpora	te limits, write Rl	JRAL ond give	nearest town)
9 Days	Seat Ple	asant,	x2		
ss)	d. STREET ADDRESS	th Pl.,	1.		e. IS RESIDENCE ON A FARM? YES NO
Middle	Lost	4. DATE	Mont	h	Day Year
H.	Fones	DEATH	Se	pt	4 19 57
NEVER MARRIED	B. DATE OF BIRTH	_	AGE (In years last birthday)		AR IF UNDER 24 HRS.
DIVORCED	July 1, 18	81	76.	Months Doy	s Hours Min.
OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stot	e or foreign cou	ntry)	12. CITIZEN	OF WHAT COUNTRY?
et.Adm.	Virgini	a	A	U	.S.A.
	14. MOTHER'S MAIDEN	NAME		1.574	
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AL SECURITY NO. 17. I	NFORMANT	٢ 00	/ O. Z. Addr	ess	
res Sa	rah A.Fone	S-502	68th I	Lace	aryland
(0), (b), and (c).] Re	spiratory.	Fail	we	11	NTERVAL BETWEEN NSET AND DEATH
rcinoma	of Str	nach	<u> </u>		7 Mos.
neraliz	ed Mes	tosla	res		
BUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE (CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Part II	of item 18.)	250	
	ACE OF INJURY (Home, for ctary, street, office bldg., e		r town) .	(Count	(Stole)
om MARCE	8. 1959 to	SEPT- 9	105	that I last	saw the deceased
, and that death	1 26 01			and an Aba a	date stated above.
erzberg	Sout Pl	ADDRESS (Street	et, city or town, s	tote)	DATE SIGNED
- 1	M.D. ,				
7016	Greig Stre	et. Se	at Plan	asant.	Md.
NAME OF CEMETERY O			N (City, town, o		(State)
	n Cemetery		e Georg	-	inty, Md.
		D BY REGISTRA		TRAR'S SIGNAT	
Lith St. 1			0	- /	

CERTIFICATE OF DEATH

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1 3	ZI	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9784 CERTIFICATE OF DEATH Reg. Dist. No.
eral director		PLACE OF DEATH O. COUNTY PRINCE GEORGE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY PRINCE GEORGE B. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
2 should b	-	RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL (If not in hospital, give street oddress) PRINCE GEORGE HOSPITA) 15 HYAHS VIIIE d. STREET ADDRESS ON A FARM? 1421 114 AVL YES NOT
y y and	L	NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year) If UNDER 1 YEAR IF UNDER 24 HRS
nd campletel	100	MALE White WIDOWED DIVORCED JUNES 11. BIRTHPLACE (Stote or foreign country) WIDOWED DIVORCED JUNES Min. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) ALS MAN. 12. CITIZEN OF WHAT COUNTRY COUNTRY OF MAN. Dept. Store GERMANY
ysician and ave carbon laurs after de	-0	FATHER'S NAME JUIUS FAITOMAN COTA FAY Friedman WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 CHEORMANN WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 CHEORMANN
thending phy please rem		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
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After this oned for use rial, cremat	MEDI	Hour a.m. 19 While Not while at work last saw the deceased fram. 21. I certify that I attended the deceased fram. Tuly, 19.56, to Sept 21, 19.57, that I last saw the deceased fram.
DIRECTOR: uld be detack		alive an Sept 21, 1957, and that death accurred at 353 M, from the causes and on the date stated above ADDRESS (Street, city or fown, state) ACTUAL SIGNATURE PHYSICIAN'S DATE SIGN ACTUAL PHYSICIAN'S PHYSICIAN'S DATE SIGN SEPT 21, SEPT 21
may be reft o Fun page 3 mon the registra	720	PHYSICIAN'S NAME (Type) CON R. heu; + SKY MD. DEFINITION 1. 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 7-21-57 PARTICLE OF THE PROPERTY OF CREMATORY REMOVAL (Specify) 7-21-57
VS A15 (4) 15M 9/55	23	EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS DATE ADDRESS ADD

BUREAU V. S.

25EP 21 1957



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E. 100 Teb 16 1957 BECEINED

D		g.	9836	CERTIFICATE OF DEATH	Reg. Dist. No. 78745
director, filed with	M		COUNTY Prince Geor	MARYLAND O. STATE MA	eceased lived. If institution: Residence before admission) b. COUNTY RINCE LIFE
after death the funeral should be	00		D. CITY OR TOWN (If outside corporate limits, write RURAL and give pagres) fown J. NAME OF HOSPITAL (If pot in happital, give street addission or INSTITUTION	NGTH OF STAY IN 16 RIPALY X	corporate limits, write RURAL and give nearest town) HYATT VILLE e. IS RESIDENCE ON A FARM?
hin 24 hours		L	NAME OF DECEASED Type or print) EX 6. COLOR OR PACE 1. MARRIED	Middle Lost BERG	YES NO 🗆
ompletely ppers. P		L	USUAL OCCUPATION (Give kind of work done 10b, KIND)	DIVORCED OCT 30 188	7 lost bietidoy) Months Days Hours Min.
ion and concordion and concordion population population death	1	13.	during most of warking life, even if retired) FATHER'S NAME	MESTIC 14. MOTHER'S MAIDEN NAME	AMER
physic physic phours	9	1S.	. no. or unknown) (If yes, give war or dates of service)	L SECURITY NO. 17. INFORMANT	E. CAMBBELL Address
attending on please re			18. CAUSE OF DEATH [Enter only one cause per line for (PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(a) (b) ==1 (a) ?	VER & LUN INTERVAL BETWEEN ONSET AND DEATH
rauires that the signed by the t permit. The d in ony even			Conditions, if any, which gave rise to immediate cause (a), stoting the under-	REINOMA OF S	STOMACH 17 monte
he law re physician has been riol-transi	0	CATION	/ (0)	BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D	OISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
Hending Hificote I Hificote I He bu		IL CERTIF	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (Enter nature of injury in Part I	
PHYSII itol or a this cer or use or		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY While of work of a	lot while foctory, street, affice bldg., etc.)	(City or town) (County) (Stote)
y the hospi TOR: After detached for to burial, a	Styd	1	21. I certify that I attended the deceased from alive on 127, 1257,	_, and that death accurred at_7,20AM,	from the causes and an the date stated abave.
OR A	1		ACTUAL SIGNATURE WHITE	n Mo. 509 R./	ESS (Street, city or town, state) DATE SIGNED OLIVE 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/
be reto		220	PHYSICIAN'S NAME (Type) S. H.D. S. BURIAL CREMATION, 22b. DATE THEREOF 22c.	NAME OF CEMETERY OR CREMATORY 22d.	LICATION (CIP) town, or county) (Stote)
TO HO TO FUI	· de	23/	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 240. REC'D BY F	Warhington DC
VS A15 (4) 15M 9/55	3		Improve 12/18/11	238: 20: 24/11/10 mt P3	0 19\$7 James Severy

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	河原公司公司公司					
	Markey Charge			Update.		

VS A15 (4) 15M 9/55 I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9753 CERTIFICATE OF DEATH

8 (1978845 Reg. Dist. No.

	Keg. Disi	. 140.
1. PLACE OF DEATH o. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE and b. COUNTYPrince	e before odmission) e Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve nearest town)
Hyattsville Md 6 months d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 2612 Kirkwood Place	/ d. STREET ADDRESS 2612 Kirkwood Place	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Lertrude Josephine	Siles 4. DATE Month OF DEATH SIFT	6 Year -7
S. SEX 6. COLOR OR RACE 7. MARRIED ☐ NÉVER MARRIED ☐ Temale white widowed ☑ Divorced ☐		YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife self	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY
13. FATHER'S NAME Charles W. Fields	14. MOTHER'S MAIDEN NAME Hortense Cabell	
(Yes, no. or unknown) (If yes, give war or dates of service)	INFORMANT Address Lice G. Walling Hyattsville	Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. (c)	tave colitis	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		1(o) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. Pl While 50 work 50 twork 50 t	PLACE OF INJURY (Home, form, octory, street, office bldg., etc.) 20f. (City or town) (Co	ounty) (Stote)
ACTUAL SIGNATURE EARL W. GRAFFF. M.C. PHYSICIAN'S EARL W. GRAFFF. M.C.	h occurred at 6. 20 PM, from the causes and on the ADDRESS (Street, city or town, stote) M.D. 27/6 Kindley Place W. Hyattaville, M.	ast saw the deceased a date stated above. DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CREMOVAL (Specify) 9/9/57 Cedar Hill	, , , , , , , , , , , , , , , , , , , ,	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsville, Mary	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S BIGHT	NATURE
THE POST OF THE PROPERTY OF TH	- Control	I LEVERIS

CERTIFICATE OF DEATH

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formation of the well-two more than 1.

BUREAU V. S.

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SECENTED

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 $\,\,09789$ CERTIFICATE OF DEATH

L		9149		CERTIFI	CAI	E OF D	EAIL	ı.		Reg. Di	st. No.		
1.	o. COUNTY Pri	nce Georg	e's	MARYLAI	- 11		nce (Who		d lived. If instituti b. COUNTY	on: Resider	ce befor	e odmissi Geor	on) ges
	b. CITY OR TOWN (If a RURAL and give near College	rest town)		LENGTH OF STAY IN 34 years	Ъ	(1		-	orate limits, write R	URAL ond	give nea	rest town)	
	or institution 8510 Ba	l (If not in hospitol, gi ltimore a	venue	ress)		d. STREET ADD 8510		timor	re avenu	Э,.	1	e. IS RESI ON A YES	FARM?
3.	NAME OF DECEASED (Type or print)	Lawren		Middle unningham	Gi	lost ngell		4. DATE OF DEATH	Septem		24,		oor 9 57.
	male	white	WIDOWED [March 6			9. AGE (In years 78st birthday) yrs.	IF UNDER Months	Days Days	Hours Hours	R 24 HRS. Min.
10		ig life, even if refired)	store	D OF BUSINESS OR II	NDUSTR	2.0	E (Stote o		country)		U S		COUNTRY?
13	FATHER'S NAME Jame	s Gingell				14. MOTHER'S M Mar	y Lo	_					
	. WAS DECEASED EVER (If	IN U. S. ARMED FORCE yes, give war or dates of se		CIAL SECURITY NO.		lara M.	Gin	gell	College		k, l	Mary.	land.
MEDICAL CERTIFICATION	Conditions, if any gave rise to impressed to	mediate a DUE TO (c) R SIGNIFICANT COND	OITIONS CON	TRIBUTING TO DEATH	ean	melox	-5			EN IN PAR	T 1(o) 15	PERFOR	UTOPSY MED?
MEDICAL C	20c. TIME OF INJURY Hour a. st. p. m.		r 20d. INJUI While at work	Nat while_	PLACE	OF INJURY (Ha	me, farm, ldg., etc.)	20f. (City	or tawn)	(0	County)		(State)
	21. I certify that olive on	t I attended the	deceased, 126/ En	from -15 , and that de $+1$	ath od	courred ot	5 A		n the causes of treet, city or John	nd on t		e state	
22	o. BURIAL, CREMATION, REMOVAL (Specify)	926/57	22	C. NAME OF CEMETER Fort Line		REMATORY Cemeter	У	22d. LOOA Co11	TION (City, town, o		l.	(Stote))
23.	FUNERAL DIRECTOR'S S		attsv	ADDRESS	and		io. REC'D	BY REGIST	TRAR 24b. REGIS	TRAR'S SIG	SNATURI	E	

MANAGEMENT TO THE PROPERTY OF THE PARTY OF T dale best to home the Park Park to the terminal way the state of the state o The Alexander of the Constitution UVS I STREET TO SERVE 0 m 0.01 == 11.00 m 0.00 BUREAU V. S. most beleased with financian a cost within a last's 25P 26 1957 The state of the s

VS A15 (4) 15M 9/55

MARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE,	18
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tems 7, 11,	MARYLAND S 12, Film G2 9786	CERTIFICATE OF DEATH	ORE, 18 (1979() Reg. Dist. No.
LACE OF DEATH	0100	2. USUAL RESIDENCE (Where deceased lived.	If institution: Residence before admiss

1. PLACE OF DEATH o. COUNTY Prin	ce Georges		MARYL	- 11	JSUAL RESIDENCE S. STATE Maryland		b. COUNTY			lmission)
b. CITY OR TOWN RURAL ond give	(If outside corporate limi	its, write	c. LENGTH OF STAY IN	N 16 ×	CITY OR TOWN	(If outside corpor				town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, o		oddress)		d. STREET ADDRESS		П		0	RESIDENCE N A FARM?
3. NAME OF							Ter			
DECEASED (Type or print)	Caroline	Gi	Middle ttings		Last	4. DATE OF DEATH	Sept		Day 28	Yeor 1957
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In years			NDER 24 HRS.
Female	White	WIDOW	ED DIVORCED	□ 2	3 Jan 187		last birthdoy) 81 yrs.	Months D	ays Ho	urs Min.
10a. USUAL OCCUPAT during most of wo	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY			ountry)		S.	HAT COUNTRY
FATHER'S NAME	H. Gra	m	ger	14	MOTHER'S MAIDE	36	Con	w	50	y-
5. WAS DECEASED EV (Yes, no. or unknown)	TER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.	17 INFOR	MANT EN	and	Ceve.	88.	fax	hi Da
PART I. DE)	ne for (0), (b), and (c).] Lassive null p	S, le	1 Kem	unhu	Je leers.			L BETWEEN IND DEATH
gave rise to couse (a), stating lying cause last	the under- DUE TO)	Peiney	huit	to al	seem	e)		6-8	much
PART II. OT	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TE	ERMINAL DISEASI	CONDITION GIV	EN IN PART I	PE	AS AUTOPSY REORMED?
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (En	ter noture of injury	in Port I or Part	II of item 18.)			
20c. TIME OF INJU Hour o. n. p. m.		or 20d. I While of wor	Not while	Oe. PLACE (factory,	OF INJURY (Home, street, office bldg.,	farm, 20f. (City	or town)	(Co	unty)	(State)
olive on	hat I attended the	decease , 12 x	. ~	eoth acc	., 1957, to ourred at 5,3	30_AM from	the causes of reet, city or town,	and on the		
BREMOVAL (Specify	1911-	57	22c. NAME OF CEMET	ERY OR CRE	Pemeter	22d. LOCAT	slin	or county)	<u>.</u>	Stotel &
23. FUNERAL DIRECTOR	Fundral	2/0	me ADDRESS MAK	Kai	uer 240 A	REC'D BY REGIST	_ 11 300 1	TRAR'S SIGN	ATURE	

MARYLAND STATE DEPARTMENT OF DEATH OR OF DEATH

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Caroline Gittings

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BUREAU V. A

OCT I 1957



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9787

CERTIFICATE OF DEATH

09791 Reg. Dist. No.

1, PLACE OF DEATH o. COUNTY Prin	ce George	s	MARY	LAND	2. USUAL RES	DENCE (Wh	ere deceased	lived. If institution b. COUNTY	on: Residence Princ	e before	odmission orge	n) S
b. CITY OR TOWN (If ou RURAL and give neares	tside corporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If o	utside corpor	ote limits, write R	URAL ond g	ive neares	it town)	
Cheve			53 days		25 R	iverda	le					
d. NAME OF HOSPITAL (d. STREET						ON A F	ARM?
			l Hospital		560	12 54	th Ave	1			ES 🔲	NO TY
3. NAME OF DECEASED (Type or print)	Maude Firs	ı	Middle		rav	st	4. DATE OF DEATH	Mon Set		Day 28	Ye-	or 57
5. SEX 6.		7. MARRI	ED NEVER MARRIE		DATE OF BIRT	Н		9. AGE (In years	IF UNDER			
Female	White	WIDOWE	DIVORCE			1880		lost birthdoy) 77 yrs.	Months	Days F	lours	Min.
10a. USUAL OCCUPATION (during most of working, 11 OUSEW)	Give kind of work d life, even if retired) I e	one 10b. 1	wn home	R INDUST		LACE (Stote		untry)	U S	ZEN OF	WHAT C	OUNTRY?
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
Marry	L. Wood				7	Amand	la V.	Barnes				
15. WAS DECEASED EVER IN	U. S. ARMED FORCE		OCIAL SECURITY NO	, 17. INI	ORMANT			Addi	ress			
(if ye	no no	11,07		Hos	spital	Recor	ds	Cheverl	y, Ma	ryla	nd.	
Conditions, if any, gave rise to immucouse (o), stoting the lying couse lost.	WAS CAUSED BY: MEDIATE CAUSE (o) DUE TO which ediote under- (c)		Coute branea	pu (Re	luc.	tailu	an DISEASE	lema ? Puft he lie ster	duy.	ONSET 10	ık.	EATH 2. 2d
PART II. OTHER: 20g. ACCIDENT WAS UIT OR CONTRIBUTING IT OF CONTRIBUTION IT OF CONTRIBUTING IT OF CONTRIBUTION IT OF CONTRIBUT	NDFRIYING [7]	20b. DESC	RIBE HOW INJURY O	CCURRED	/Enter noture /	of injury in P	Port Lor Port	II of item 18)			ES 🔲 I	
	CAUSE OF DEATH			CCONNED.	(Emer notore	,	0.1.1.01.101.					
20c, TIME OF INJURY I	Month, Day, Yea	while of work	Not while of work		CE OF INJURY (ory, street, offic			or town)	(C	ounty)		(Stote)
21. I certify that	attended the	decease	d from aug	4	1957	7, 10 Se	nt 2'	7 195	Zthat I I	ast saw	the d	eceased
alive on Se	pt 37	, 195	Z, and that	death o	occurred at			the causes o				
ACTUAL SIGNATURE	as Denn	1.5	K. 000		6124			eet, city or town,		1		S /S
PHYSICIAN'S NAME (Type)	Dr. Kel	Tvr_			6124	41th	St	Hyattsv	ille	Md.	s-f.ok	
	22b. DATE THEREO		22c. NAME OF CEME	ETERY OR	CREMATORY		22d. LOCATI	ION (City, town, o	or county)		(Stote)	
REMOVAL (Specify) Burial	Sept 30.	1957			In Ceme	terv		mar Man		d a	(21015)	
23. FUNERAL DIRECTOR'S SI		2001	ADDRESS	21100	V CINC		8Y REGISTE		STRAR'S SIG	-		100
F Gasak	le Sone	Hyat	tsville M	d.				57 100	1			
- Gasci	1 5 TOHS	My et L	PATTIE II	UL 6		DATE ()	ULT.		T-ROW	en		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	9837	7	CERTIF	ICAII	OF DEA	lfl .		Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY Pri	nce George	3 S	MARYL	L1	USUAL RESIDENCE (*	Where decease	d lived. If instituti b. COUNTY	Prin	ce befor	-	ion) rges
b. CITY OR TOWN RURAL and give AVONC	(If outside corporate limit nearest town) (ale	s, write	c. LENGTH OF STAY II	N 16	Avondal					rest town)
d. NAME OF HOSE 2101 Bri	ghton Road	ve street d	oddress)		d. STREET ADDRESS 2101-Bri	ghton	Road				DENCE FARM? NO SE
3. NAME OF DECEASED (Type or print)	Daniel		Middle		reene	4. DATE OF DEATH	Mor S	ept.	5	,	Yeor 19 57
5. SEX MALE	THE THEFT	7. MARRI WIDOWE	ED NEVER MARRIED DIVORCED		2/11/187	6	9. AGE (In years lost birthday) 80 yrs.	Months	Doys Doys	Hours	R 24 HRS. Min.
Retired A	ION (Give kind of work derking life, even if retired).		KIND OF BUSINESS OR GOVT.	INDUSTRY	E. Green			12. CI	US		COUNTRY
Daniel	P. Greene			14	Julia .		ght				
15. WAS DECEASED EN {Yes, no, or unknown}	ER IN U. S. ARMED FORCE (If yes, give wor or dates of set		SOCIAL SECURITY NO.	Jeni		reene	2101 E	""Avc Brigh			
Conditions, if gove rise to cause (a), stating lying cause last	the under-	Ca	metast	ase	tod of	mul	l borve	l	4	-67	m)
<u> </u>	THER SIGNIFICANT CONE		ONTRIBUTING TO DEAT					VEN IN PAR	T 1(o) 1	PERFO	AUTOPSY RMED? NO 🗗
OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJU Hour o. m. p. m	G CAUSE OF DEATH Y MEDICAL EXAMINER) IRY Month, Doy, Yea	r 20d. IN		De. PLACE	OF INJURY (Hame, fa street, office bldg.,	orm, 20f. (City		(County)		(Slote)
21. I certify alive on	that I attended the		d fram Mara			A.M. frai		and on t		te state	
PHYSICIAN'S NAME (Type)	FRANK K		HEA, MS	2.	4	Vash	i-gfn	-18	D.	C.	
200. BURIAL, CREMATI REMOVAL (Specif DULTIAL	" 9/7/57		Ft. Lince	oln C	emetery	Pr.	TION (City, town, Geo. Co.	Ma			e)
23. FUNERAL DIRECTO	r's signature Ines Co.,	2901	ADDRESS Wa		D.C. 240. RE		TRAB 246. REGI	ALLE S	GNATUI	RE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 ed in by the funeral director, and 2 should be filed with may be retained by the haspital or ottending physician.

TO FU AL DIRECTOR: After this certificate has been signed by the ottending physician and campletely page. Should be detached for use as the burial-transit permit. Then please remove carbon papers. Pot the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

prok hotel tra-1018 BUREAU V. E.

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MEDIC	rtifica	to the	DIRE	
PUTY	29 ce	P	KAL	movai
O DE	cute	for	O FU:	or removal.
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary, please exe	, A	15/	TO FURTAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the receiver to burial, cremation	5)
				-3

5M 9/55

		MARYL	AND S	TATE DEPAIL L EXAMIN	RTME	NT OF HEALTI		TIMORE, DEATH		ሰባን	9243
	LACE OF DEATH . COUNTY	rince Geo			YLAND	2. USUAL RESIDENCE (M		ed lived. If institu			-
b.	CITY OR TOWN IIF .	utside corporate limits, write		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corp	orote limits, write	RURAL ond	give neore	est town)
	Mitche	llville		30 vear	S	X/ Mitch	ellvi	lle			
d.	Route	L OR INSTITUTION (III	f not in hosp	pitol, give street addre	185)	d. STREET ADDRESS Route	# 301				IS RESIDENCE ON A FARM?
·D	IAME OF PECEASED Type or print)	Firs		Middle		Lan Harrison	4. DATE OF DEATH	Monit		Day 23	Year 19 57
5. 58		Edith	-	Pearl D T NEVER MARRIE		DATE OF BIRTH		9. AGE [In years			UNDER 24 HRS.
J. J.		White	WIDOWED			March 17.	1886	last birthday)	-	-	ours Min.
10a.	Female USUAL OCCUPATION	11 7 5 511 4 6				RY 11. BIRTHPLACE (State		untry)	12. CITIZ	EN OF W	/HAT COUNTRY
de	Housew:	life, even if retired)		wn Home		Maryla			U.		Α.
13.	FATHER'S NAME	LIC		WII HOME	757	14. MOTHER'S MAIDEN N					
	George	Weslev (hane	77		Edith D	eale				
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. 5	OCIAL SECURITY NO	. 17. III	IFORMANT		Address			314 3
[Tes.	no, or unknown)	If yes, give war or dates of s	ervice)	1	G.	Marvin Ha	rrisc	on. Mit	chell	vil:	le, Md
	Conditions, if ony gove rise to immedia (o), stoting the uncouse lost.	ote couse		Cardio	vas	cular rena	l dis	sease			
CATION	PART II. OTHE	R SIGNIFICANT COND	DITIONS CO	NTRIBUTING TO DEAT	IH BUT N	OT RELATED TO THE TERM!	NAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. V P YES	ERFORMED?
20	200. EXTERNAL CAUS PRIMARY OF CONT CAUSE OF DEATH.	E WAS PRIBUTING 1	DESCRIBE	HOW INJURY OCCU	RRED. (E	nter noture of injury in Port	I or Port II	of item 18.)	z desi		
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While	NJURY OCCURRED 2	PLAC	E OF INJURY (Home, form ry, street, office bldg., etc.	20f. (City	or town)	(Cour	nty)	(Stote)
		James I	Sauses D	Accident D		ve, held on Autopsycide, Homicide	AL EXAMINER	2.2	-	D	ATE SIGNED
220.	BURIAL CREMATION	I, 22b. DATE THEREON		22c. NAME OF CEMET	ERY OR	CREMATORY	22d. LOCAT	ION (City, town,	or county)	101	(Stote)
	REMOVAL (Specify)	9/26/57	'	St. Barn	abas	Cemetery		l.and		laryl	Land
	UNERAL DIRECTOR'S		7 ***	ADDRESS Upp	er		BY REGISTI	RAR 24b. REGIS	TRAR'S SIG	NATURE	0
(1	tchie Bro	os. Funer	ar H	ome-Marl	boro	Md. DATE	D 30	105.76	anes	- Up	ngling

DECENTED

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CEP 30 1957

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4	may be retained by the haspital ar attending physician. TO FUN I DIRECTOR: After this certificate has been signed by the attending physician and campletely filter in by the funeral director.	ned far use as the burial-transit permit. Then please remove corbon papers. Page and 2 shauld be filed with ial, crematian, or remaval, and in any event within 72 haurs after death.
TO HOSPITAL OR ATTENDING PHYSICIAN: TI	may be retained by the haspital ar attending TO FUN DIRECTOR: After this certificate h	page serviceld be detached far use as the bur the registrar prior to burial, cremation, or rem

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09794

		9788	CERTIF	ICAT	E OF DEATH	1		Reg. D		JE	
1.	PLACE OF DEATH o. COUNTY PRINCE GE	ORGES	MARYLA	- 41	. USUAL RESIDENCE (Who o. STATE MD.	ere decease	d lived. If instituti b. COUNTY				
	b. CITY OR TOWN (If outside cor RURAL and give nearest town)	porote limits, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF or BLADEN			URAL ond	give ne	arest low	n)
	d. NAME OF HOSPITAL (If not in OR INSTITUTION PRINCE GE		oddress) ERAL HOSP.		d. STREET ADDRESS	- 53rd	. AVE.			ON.	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print) M R.9	MYRT	Middle		HAUGHT	4. DATE OF DEATH	SepT	-	2	,	Year 1957
5.	SEX 6. COLOR	W WIDOW	NEVER MARRIED DIVORCED		Oct 4, 1882		9. AGE (In years lost birthdoy) 74 yrs.	IF UNDE Months	Days	Hours	ER 24 HRS. Min.
10	d. USUAL OCCUPATION (Give kin during most of working life, eve liousewife	n if retired)	wn Home	NDUSTRY	Illino		country)			A A	T COUNTRY
	Jonas Rice			17. INFC	Sarah El				86		
1,0	es, no. or unknown) (If yes, give wa	r or dates of service)	none		ohn S. Haug	ht	Hyattsvi		Mar	ylar	nd.
	PART I. DEATH WAS CA	HICED OV.	ne for (o), (b), ond (c).] Arcinomatosi	s					ON	ERVAL B SET AND	etween Death nth
	Conditions, if any, which gove rise to immediate cause (o), stating the <u>under-lying</u> cause lost.		arcinoma of	the	breast				-	ye	ars
CERTIFICATION	PART II. OTHER SIGNIFIC		CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERMIN	VAL DISEAS	E CONDITION GIV	'EN IN PAI	RT 1(o) 1	PERFO	AUTOPSY ORMED?
		DE DEATH (AMINER) 206. DES	CRIBE HOW INJURY OCC	URRED. (I	Enter noture of injury in P	ort I or Por	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Month, Hour o. j., p. m.	Day, Year 20d. II 19 While of wor	Not while	e. PLACE factor	OF INJURY (Home, farm, y, street, office bldg., etc.)	20f. (Cit)	or town)	(County)		(Stote)
	21. I certify that I after alive an SEPT 2 ACTUAL SIGNATURE PHYSICIAN'S NOR M NAME (Type)	7 125 un D un	57, and that do		3503	LM, from	the causes of the city or town, when the causes of the city or town, when the cause of the cause	ind an 1	last so	te stat	deceased ed above ATE SIGNED 27/5°
22 T	o. BURIAL, CREMATION, 22b. DA REMOVAL (Specify) in 9,	TE THEREOF /28/57	22c. NAME OF CEMETE Clarksbur			We	TION (City, town, cost Virgi	r county)		(Sto	le)
23	F. Gasch's S		ADDRESS tsville Man	ryla	249 REC'D SEP 3 DATE	BY REGIST	TRAR 24b. REGIS	STRAR'S SI	GNATU	RE	

ENDERING ENDING 110 - 534. A. dinargued efficient refle tomor . . mice Commission and the commission of the commission In desers and to another. BUREAU V. S. JES 30 1825 A PRINCIPAL OF THE PROPERTY OF College Detail and reserve Lynn Serve, white our lists

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09795 978 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 245

1	o. COUNTY Prince George's MARYLAND	o. STATEMARYLAND b. COUNTY Montgomery
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) Riverdale. Md	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Springs-Wheaton, Maryland.
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	Leland Memorial Hospital	2909 Ivydale St 1556,2 ON A FARM?
3	NAME OF DECEASED First Middle (Type or print) Elizabeth Jane H	ill 4. DATE Month Doy Year Sept 7, 1957.
5	female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED E	Sept 16, 1929 9. AGE (In years left UNDER 1YEAR IF UNDER 24 HRS. North biddey) 2.7 yrs. Months Days Hours Min.
1	0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired) Housewife Own Home	Washington D. C. USA
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Vincent Tonnilletti	Gilda Incutti
1	Vincent Lanzillotti 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANY Address
	Yes an ar uninawa) hill yes aim war ar dates of service)	rs Vincent A Lanzillotti Silver Springs,
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	Maryland
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Hem	orrhage and shock
	823X DUE TO	227.1080 10100
	Conditions, if ony, which) (b)	shed chest
Н	gave rise to immediate cause (a), stating the underlying DUE TO	
	cause last. (c)	
i	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
15		PERFORMED?
CDTICE	FRIMARY W or CONTRIBUTING LI	infer noture of injury in Part I or Port II of item 18.)
		utomobile in collision with a bridge,
0000	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
1		ghway Beltsville Pr. Geo. Md.
	21. I certify that I took charge of the remains described abo	ve, held an Autopsy , Inspection , Inquiry , and in my
	opinion deoth resulted from: Natural causes . Accident	Noticide , Homicide , Undetermined monner
	1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	SIGNATURE John. Maloney	M.D. CHIEF MEDICAL EXAMINER [
	EXAMINER	ASSISTANT MEDICAL EXAMINER
-	NAME (Type) John T. Maloney, M.D.	DEPUTY MEDICAL EXAMINERS Sept. 8, 1957
2		
	BUNIAL CREMATION. 226. DATE THEREOF GATE OF HEAVE	N CEMETERY MONTGOMERY COUNTY, MD. (Stote)
2		N CEMETERY MONTGOMERY COUNTY, MD.

MARYLAND STATE DEPARTMENT OF HEALTH-BALT WORKER

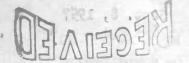
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Panemer in an autendille in collision with a bridge,

BOBERO STATES OF STATES OF

SEP 10 1957



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death; Page A in by the funeral director, and 2 should be filed with

may be retained by the hospital ar attending physician.

O FU. AL DIRECTOR: After this certificate has been signed by the attending physicion and campletely page 3 shauld be detached for use as the buriol-transit permit. Then please remave carbon papers. Pat the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours affer death. TO FU

VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9750

CERTIFICATE OF DEATH

09796

	keg. Dist. 140.
1. PLACE OF DEATH o. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince George's
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park, Md	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) /4 College Park, Md
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 7406 Dartmouth Avenue.	d. STREET ADDRESS 7406 Dattmouth Avenue o. IS RESIDENCE ON A FARM? YES NO 15
3. NAME OF DECEASED (Type or print) Florence Rutherford	Hill death Sept 29, 19 57.
	8. DATE OF BIRTH Juhe 14, 1896 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired) Housewife Own Home	STRY 11. BIRTHPLACE (State or foreign country) Connecticut 12. CITIZEN OF WHAT COUNTRY USA
John Rutherford	14. MOTHER'S MAIDEN NAME Amelia Fladd
	NFORMANT Mrs Ruth Lutwack College Park, Maryland
gave rise to immediate couse (a), stating the <u>under-lying cause last.</u> Column Column	not related to the terminal disease Condition Given in Part 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUPRED 20e. PL	ACE OF INJURY (Hame, farm, clary, street, office bldg., etc.) (County) (State)
olive on Sept. 26. 19 57, and that death	ADDRESS (Street, city or town, state)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) in 9/30/57 Norwood	OR CREMATORY 22d. LOCATION (City, town, or county) (State) Massachusetts
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsville Maryla	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE and. DAIGCT 4 57

	TE OF DEATH	SAUTH SAV
		names desired confirm 700
		All a visite streets at the contract of the co
	colors rest s	
·		Into 1964a
	Distant Soul	Don't be Don't Labor From
Action of your Action in the		
Livery to a street	Periodical materials	A STREET WAS A DESCRIPTION OF THE PARTY OF T
		The state of the s
		CTAIL CONTRACT OF THE PARTY OF
BOKEVO A TO		
BUREAU V. E.		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09797 9839 CERTIFICATE OF DEATH Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY. b. COUNTY MARYLAND uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) 9e RURAL and give nearest town) P d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 10 5.52 NAME OF Middle 4. DATE Month Day DECEASED OF DEATH (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BLETH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months DIVORCED T WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life/even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1- Mis are M eose 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 420.0 DUE TO Conditions, if ony, which ! gave rise to immediate **DUE TO** catse (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) o. m. While Not while of work ot work 21. I certify that I attended the deceased fram. ... 19 1 that I last saw the deceased and that death occurred at 12 M, fram the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE P HOSPITAL PHYSICIAN'S

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

YES NO NO

Year

PERFORMED? YES NO

(Stote)

DATE SIGNED

(Slote)

22d. LOGATION (City Jown, or county)

REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

DATE GET

195

0 0 VS A1S (4) 1SM 9/5S

NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 22b. DATE THEREOF

30-5

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Poge 4

		04	30	CERT	IFICA	TE OF D	EAII			R	leg. Dist. N	0.	
1.		ince George			YLAND	2. USUAL RESIDE o. STATE Maryl		nere deceased	l lived. If in b. CO	UNIY .	Residence be		
	b. CITY OR TOWN RURAL and give	(If outside corporate liminearest town)	its, write	c. LENGTH OF STA		c. CITY OR TO	OWN (IF o	outside corpor	rote limits, w	rrite RUR.	AL ond give n	earest town	n)
-	d. NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, o	give street o	13 Hrs	3	d. STREET AD	rdal DRESS	θ,		74		e. IS RES	SIDENCE FARM?
L	Prince G	eorges Gene	ral			5314	Riv	rerdale	Rd				NO 🗌
3.	NAME OF DECEASED (Type or print)	Fit Street 1		Middl	le	Lost		4. DATE OF DEATH		Month		-	Yeor
5.	. SEX	6. COLOR OR RACE	7. MARRI	n Zopher	RIED B	Hun	71		9. AGE (In	Sept years IF	UNDER I YEA		19 57 ER 24 HRS.
	Male	White	WIDOWE			1-1-15	5		lost birth	doy) A	Months Days	Hours	Min.
10	OTINETRY OF WO	ION (Give kind of work briking life, even if retired		S. Gover		_	CE (Stote		ountry)		U.S.		COUNTRY
3	. FATHER'S NAME	Wandan D	II A			14. MOTHER'S M	AAIDEN				3		
10		Morton P.		COCIAL CECURITY N	O [17 BM	FORMANT			Launa	Address	derson		3 A
()	(es, no, or unknown)	(If yes, give war or dates of s	-	race E.	Hun	t (Wi	fe)	Address	Same	As al	bove		
FICATION	Conditions, if gove rise to couse (o), stoting lying couse lost	the under-))	ONTRIBUTING TO D	EATH BUT N	NOT RELATED TO T	HE TERMI	NAL DISEASE	CONDITIO	N GIVEN	IN PART 1(o)	PERFO	RMED?
CERTIFIC	20a. ACCIDENT WORK CONTRIBUTING	/AS UNDERLYING G G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY	OCCURRED	. (Enter noture of i	injury in l	Port I or Port	II of item 1	B.)		YES	ио 🗌
MEDICAL	20c. TIME OF INJU Hour a. ji. p. m.	10	ar 20d. IN While of work	Not while	20e. PLA	CE OF INJURY (Ho ory, street, office b	ome, form oldg., etc	, 20f. (City	or town)		(Count)	')	(Stote)
	21. I certify to alive on	that I attended the	decease 125		t death	. 1957, occurred at 1			the caus	ses and		ate state	
27	REMOVAL (Specify	ON, 22b. DATE THEREC)F	22c. NAME OF CEA		crematory n Cem.			ion (city, to ar Ma)			(Stat	e)
											112 V 12		

stocklil deprovous ... 2 1 2 SHEET PRINCES world by some course (willies that is come 2Eb 6 1821

in by the funeral directar, and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page TO FUN. B. DIRECTOR. After this certificate has been signed by the attending physician and campletely fit page 3. It can be detached for use as the burial-transit permit. Then place remove carbon papers. Page 1. It is a placed for use as the burial-transit permit. Then place remove carbon papers. Page 1. It is registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9701

CERTIFICATE OF DEATH

09799

	<i>U</i> 8	JI				Reg. Dist. No.
1. PLACE OF DE a. COUNTY		rge	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marvland		ion: Residence before admission)
b. CITY OR TO	OWN (If outside corporate lim give nearest town)		c. LENGTH OF STAY IN 16			RURAL and give nearest town)
	Che verlv		4 Days	X Silver H	ill	
	HOSPITAL (If not in hospital, UTION	give street	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Pri	nce George Ger	eral	Hospital	6607 Bo	xley Place	YES NO
3. NAME OF DECEASED (Type or print		rst	Middle R	Hurley	4. DATE Mor	Day Year 27 19 57
5. SEX	LICIWA		2.0		00	
Male	White	WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	8-10-1884	9. AGE (In years last birthdoy) 73 yrs.	Months Days Hours Min.
10a. USUAL OCC	UPATION (Give kind of work	done 10b.	KIND OF BUSINESS OR IND		or foreign country)	12. CITIZEN OF WHAT COUNTRY
during most	of working life, even if retired	d)	Elevator	Washingto	on, D. C.	U.S.A.
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN N		
Samue.	l Hurley			Annie De	evine	
15. WAS DECEAS	SED EVER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	INFORMANT	Add	ress
(Yes, no. or unknown	(If yes, give war or dates of	service)		Robert E. H	Hurley	
33/x Condition gove rise	stoting the <u>under-</u>	C	eneralidati	He morn	hage	Hoffnans t
PART	11. OTHER SIGNIFICANT CON	NDITIONS O	CONTRIBUTING TO DEATH BL	T NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION GIV	VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO NO
OR CONTRI	ENT WAS UNDERLYING D BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW NIURY OCCUR	ED. (Enter nature of injury in P	ort I or Port II of item 1B.)	
20c. TIME OF	F INJURY Month, Day, Ye o. 11. p. m.	While		PLACE OF INJURY (Home, farm, octory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I cert alive on ACTUAL SIGNATURE PHYSICIAN' NAME (Typ)	Part	19	^-			2, that I last saw the decease and on the date stated above state) DATE SIGNE DATE SIGNE
229 BURIAL CR	EMATION, 226. DATE THERE	OF 57	22c. NAME OF CEMETERY Mt Oline ADDRESS	et Cem.	22d. LOCATION (City, 10wn, Bladeneliers) BY REGISTRAR 24b. REGI	or county) (Stote) A LUAS R D (ISTRAR'S SIGNATURE
6. Wm	V Lee Son	2) 5	300-47h St	N. E. DATED	10 57 Cool	~ /

Who I'm wallen			Taken Summer South	
2 2 2			Per profest	
	The state of the state of			
	617-05-6			
Long E. C.				
		Ma Maj jiji se jiya s		
	ar ar i Las Agrara		acerdo en tales en 1 señ Villea I A la compaña de la compaña	
		100 4	Accessor to the second of the party of the p	
		100 4	acerdo en tales en 1 señ Villea I A la compaña de la compaña	
		100 4		

If any delay is necessary, please 3 to the funeral director. Page nay be sined for your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any de execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the 4 sh. Se forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be 10 FULX. AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the or its designated agent, prior to burial, crematian, ar remayal, and in any event within 22 hours after a

4 shi VS. AISME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea. Dist. No.

1. PLACE OF DEATH o. COUNTY	Prince George		MARYL		O. STATE	Where deceased		ution: Reside		
and give nearest to	(If outside corporate limits, write wn) rerdale	RURAL	c. LENGTH OF STAY II	N Ib	c. CITY OR TOWN (III	f outside corpo		NUKAL and	give nec	orest town)
d. NAME OF HOSP	PITAL OR INSTITUTION (I	f nat in hos	pital, give street oddress)	d. STREET ADDRESS					e. IS RESIDENCE
Leland	d Memorial H	ospit	al		/ 33	7 Howar	d Avenu	0		YES NO
3. NAME OF DECEASED (Type or print)	Doroth	y E	Middle lizabeth		chinson	4. DATE OF DEATH	Septe		Day	Year 19 57
5. SEX	6. COLOR OR RACE	7. MARRI	ED INEVER MARRIED	☐ B. D	ATE OF BIRTH	9	. AGE (In years	IFUNDER	1YEAR I	F UNDER 24 HRS.
Female	white	WIDOWE			11-8-20		36 yrs.		Days	Hours Min.
0a. USUAL OCCUPAT during most of work Sect	TION (Give kind of work of king life, even if retired)	ione 10b. I	CIND OF BUSINESS OR IT	NDUSTRY Rtion	11. BIRTHPLACE (Stote	or fareign cou	untry)		U.S.	WHAT COUNTRY
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
Willi	Le S. McGaha				Annie	Ray				
15. WAS DECEASED	EVER IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO.	17. INF	RMANT		Addres	5		
No. or unknown)	(If yes, give war or dates of	nervice)		Od	a S. MoGaha	a; 3616	Powder	Mill	Rd.	Beltsvil
18. CAUSE OF DE	ATH [Enter only one cau								INTERV	AL BETWEEN AND DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Her	norrhage and	d sho	ok					
823X	DUE TO									
Conditions, if		Car	mpound commi	inute	d fracture	of sku	ll and	facial	. bon	les,
gave rise to imm	rediate couse	La	cerations, m	nul ti	ple and sev	vere			1	
(a), stating the	Underlying !	Anni	hamalad I a since						1	
	THER SIGNIFICANT CON	and the second second second	tomobile acc			INIAI DISEASE	CONDITION C	VENI INI PART	1/-1/10	MAC ALITOREY
5			AVIALIDATINO TO DEATH		KEEATED TO THE TERM	IIIAL DISEASE	CONDITION	TEN IN TAKE		PERFORMED?
200. EXTERNAL C PRIMARY TO CO CAUSE OF MATH	AUSE WAS	b. DESCRIBI	E HOW INJURY OCCUR	RED. (Ente	r nature of injury in Par	t I or Part II of	f item 18.)			
CAUSE OF MATE	4.	Passe	enger in an	auto	mobile in d	collisi	on with	a bri	dge.	
20c. TIME OF INJ	URY Month, Day, Yeo		INJURY OCCURRED 20	e. PLACE	OF INJURY (Home, forn	n. 20f. (City o		(Cou		(State)
5.45 P.1	1. 9-7-57 19	While	Not while		street, affice bldg., etc.	Pal	tsville	Dn.	Geo	Md.
			ork at work						- Common	
21. I certify	that I took charge	or the i	remoins described	obove	, held on Autops	y L, Ins	pection A	, Inquir	y 44,	ond in my
opinion deat	h resulted from: 1	Notural o	couses , Accid	eni 🔝	Suicide	Homicide [, Undet	ermined n	nanner	
(11	/								
SIGNATURE	4 Cunter	Male	ones-		A.D. CHIEF MEDICAL E	XAMINER -				DATE SIGNED
//			1		ASSISTANT MEDIC	AL EXAMINER				
EXAMINER'S NAME (Type)	John T. Ma	alones	T. M. TY		DEPUTY MEDICAL	EXAMINER T	S	ept. 7	. 19	57
	ION, 22b. DATE THEREO		22c. NAME OF CEMETER	N OF CE		-	ON (City, town,		3 -/	
Burlal (Specif	9/11/57		Parklawn	KI OK CR	EMATORI		ville, M			(Stote)
3. FUNERAL DIRECTO			ADDRESS		las- neci				MATURE	
	A. Pumphre	v-Be			AO. REC	D BY REGISTRA		ISTRAR'S SIG	NATURE	0
20000101	T dispission	7	uncount, will,	,	DATE	1 /1 11		1-		

MARYLAND STATE DREATS HELD OF HEALTH BALLINGH.

Trince denreter Indiquot Labrages banded Ye 7 Todayee modele and an interest of the contract of the Fersale at the disterning of several Reversely de l'écolité la . Al verseure 4 6.117 . "office; Min Fig. 1811 Bi. Baltiville Hemospitate and shoot Company Series the first to workers betining a demonstrate in our skind of the continue o attining a second second

Padecager in an autorobile in collinion with a bridge.

. If F.M. 947-57 at late and the Highest Believille, Ir. God. Etc.

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dobn T. Simor, I.V.

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VS A15 (4) 15M 9/55

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ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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CERTIFICATE OF DEATH

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		984	0	CERT	IFIC	ATE OF	DEATH			Reg. Di		301	11		
1.	PLACE OF DEATH o. COUNTY P1	rince Georg	zes	MAR	YLAND	2. USUAL RI o. STATE	MERCE (Who	ere decease	d lived. If institut	ion: Residen	ce befo	re odmis	sion)		
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)										
	Glenn Dale (Rural) 2 months and				Washington 47x.9										
	d. NAME OF HOSPITA	AL (If not in hospital,	give street		days	d. STREET	ADDRESS						SIDENCE		
	Glenn Dal	Le Hospita					1327	- Har	rvard St.	. N.W			NO T		
	NAME OF DECEASED (Type or print)	Will		Middle L.			gram	4. DATE OF DEATH	Мо	nth	Do		Yeor 1957		
5.	SEX	6. COLOR OR RACE	7. MARE	RIED TO NEVER MARR	IED 🔲	B. DATE OF BI	RTH		9. AGE (In years lost birthdoy)						
	Male	White	WIDOW				99		58 yrs.	Months	Days	Hours	Min.		
100	during most of work Electrici	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS C	OR INDU	STRY 11. BIRTH	PLACE (Stole o	or foreign c	ountry)	7	J.S.		COUNTRY		
13.	FATHER'S NAME						R'S MAIDEN NA					A.			
	John Will	iam Ingran	1			Anı	nie Les	ter							
15. (Ye	WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO), 17, 1	NFORMANT			Add	Iress					
	None			27-09-7914		D	ecedent								
	18. CAUSE OF DEAT	TH [Enter only one co	ouse per li	ne for (a), (b), and (c)	.]						INTE	RVAL BE	TWEEN		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bronchogenic carcinoma								3 months						
	162x	DUE TO													
	Conditions, if an)												
	gove rise to in couse (o), stoting t lying couse lost.		:)												
NO	PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	ATH BUT	NOT RELATED	TO THE TERMIN	AL DISEAS	E CONDITION GI	VEN IN PART	1(0) 1	9. WAS	AUTOPSY		
CAT	002x	-			Pu	lmonary	tuber	culos	is	PERFORMED? YES R NO					
L CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY /	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture	of injury in Po	ort I or Port	t II of item 18.)						
MEDICAL CERTIFICATION	20c. TIME OF INJURY Hour a. 51. p. m.	Month, Day, Ye	While Not while focto				CE OF INJURY (Home, form, 20f. (City or town) tory, street, office bldg., etc.)					(County) (Stote)			
	21. I certify the	at I attended the	decease	ed from June	21	10	7 to Se	pt	11 , 19 5	7 +6-4 1 1		Ab. a			
	alive an Se		. 19 5	1		occurred o	+ 3 +00 4	M from	n the causes of	Lillian i	G21 20	w ine	deceased		
		11		, , , , , , , , , , , , , , , , , , , ,	acom	occorred o			reet, city or town,		ie agi		ea above ATE SIGNED		
	ACTUAL SIGNATURE	MM	MI	in		M.D	Gler	nn Dai	le Hospi	tal		9-11			
	PHYSICIAN'S NAME (Type)	Moe Weiss							le, Mary						
220	BURIAL, CREMATION REMOVAL (Specify)	0/1-	3mg	22c. NAME OF CEM	ETERY O	R CREMATORY			IION (City, town,		•	(Stot	e)		
23	FUNERAL DIRECTOR'S	SIGNATURE	7/	ADDRESS	1	100	10		nville		rei		FIRE		
1	Jos. Au	uellers	Dous	175% /	4.1	410-71	DATE SEP	BY REGIST		STRAR'S SIG	HATUR	E			

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b. COUNTY

attending p g may be retained by the haspital or attending physician.

TO FUN . DIRECTOR: After this certificate has been signed by page 5 would be detached for use as the burial-transit permit. VS A15 (4 15M 9/55

director

executed within 24 hours after death. Page

The law requires that the death certificate

PLACE OF DEATH

		RURAL and give no	If outside corporate limearest lown)	its, write c. LEN	NGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate li	mits, write RURAL onc	give nearest to	wn)
		Chever			5 Hrs 15 N					
77	(d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, o	give street oddress)	d. STREET ADDRE	ss /			RESIDENCE I A FARM?
-		Prince	Georges Ge	neral		Box 21	7			□ NO □
	3. 1	NAME OF DECEASED	Fi	rst	Middle	Last	4. DATE	Month	Day	Yeor
		Type or print)	Willie			Jackson	DEATH	Sept	7),	19 57
	5. S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AC	E (In years IF UNDE	R I YEAR IF UN	
		Male	Negro	WIDOWED [DIVORCED	8-11-5		t birthday) Months	Days Hou	rs Min.
1	10a.	during most of work	ON (Give kind of work king life, even if retired	done 10b. KIND (OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (State or foreign country	12. C	ITIZEN OF WH	AT COUNTRY
	13. (FATHER'S NAME	?			14. MOTHER'S MAID	1 1	- 11.	1	
	15	WAS DECEASED EVE	R IN U. S. ARMED FOR	CESS 14 SOCIAL	SECURITY NO. 17.	INFORMANT	can TI	Address Address	×	
0	(Yes		(If yes, give war or dates of s		SECORIT NO. 17.	INFORMATI		Address	1	
		PART 1. DEA 33/X Conditions, if a gove rise to I couse (o), stoting lying couse lost.	mmediate the under-		Bitea -	Sufice Crasic T NOT RELATED TO THE	TERMINAL DISEASE CON	ling who	INTERVAL ONSET AN	day.
2	CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCURR	ED. (Enter nature of injus	y in Port I or Port II of	item 18.)		FORMED?
	MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye			LACE OF INJURY (Home,	farm, 20f. (City or to	vn)	(County)	(Stote)
	₹ .	p. m.	19	While N	of while	actory, street, office bldg	, etc.)			
1		21. I certify the alive on	at 1 attended the	deceased fro	work	nctory, street, office bldg - 9, 19, 57, to h occurred at 1: M.D. 5301	9-19	, 19 <u>5</u> 7, that I causes and on	last saw th	ated abov
1	220.	21. I certify the alive on	at I attended the	of work of deceased from 19 51	om. 9-	m.D. 5301	15P M, from the ADDRESS (Street, Hamulton)	causes and on the causes and on the causes and on the causes and on the causes are caused to the cause of the	last saw the the date story	ated abov
1	220.	21. I certify the alive on	Iohn W Perk 10/11/57	of work of old deceased from the state of th	NAME OF CEMETERY C	octory, street, office bldg - 9., 19.57, to. h occurred at 1: M.D. 5301 OR CREMATORY e's General	23d. LOCATION (Hospital	City, town, or county,	last saw the the date story	DATE SIGNE
1	220.	21. I certify the alive on	Iohn W Perk 10/11/57	of work of old deceased from the state of th	NAME OF CEMETERY Cince Georg	octory, street, office bldg - 9, 19, 57, 10, 10 h occurred at 1: M.D. 5301 OR CREMATORY e's General 240.	15P M, from the ADDRESS (Street, Hamulton)	causes and on the causes and on the causes and on the causes and on the causes are caused to the cause of the	last saw the the date story that the date story the	DATE SIGNE

BUREAU V. S.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 979 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0	9	8	()	2

9794	Ttem 7 FilmG220 9	2-19-57 et			Reg. Dist. No	1.
I. PLACE OF DEATH		2. USUAL RESIDENCE	(Where deceased li			fore admission)
o. COUNTY Prince George's	MARYLAND	o. STATE	land	b. COUNTY	Prince G	eorge is
 CITY OR TOWN (If outside corporate limits, write RURA and give necrest lown) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		e limits, write l		
Cheverly	Dead on arriva	Hillside	×2			
d. NAME OF HOSPITAL OR INSTITUTION (If not		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Prince George's Genera	al Hospital	5325 South	ern Aven	ue .		YES NO
3. NAME OF First	Middle	Lost	4. DATE OF	Month	Doy	Yeor
(Type or print) John Alber	rt J	lardine		eptembe	r 15	1957
	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. A		IF UNDER TYEAR	IF UNDER 24 HRS.
Male White WIL	DOWED DIVORCED	June 2h.	1902	55 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUS		te or foreign count	γ)	12. CITIZEN O	F WHAT COUNTRY
Cab D iver	Transportation	Distric	et of Col	MIDTA	U.S.	A
13. FATHER'S NAME		14. MOTHER'S MAIDEN			0.9.	A.
Unknown		Unknown				
15. WAS DECEASED EVER IN U. S. ARMED FORCES		INFORMANT		Address		
Yes no. er unknown) (If yes, give year of dates of service) W. W. 111	Jo	exseph R. Smi			an Stree	
18. CAUSE OF DEATH [Enter only one cause pe	er line for (a), (b), and (c).		West	Hyatts	Ville, M	aryland
PART I. DEATH WAS CAUSED BY:	Coronary thron	bosis		Site.	ONSE	T AND DEATH
IMMEDIATE CAUSE (6)						
Conditions, if any, which) (b)	Cardiovascular	renal disea	150			
gove rise to immediate couse						
(c), stating the underlying DUE 10						
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CO	NDITION GIVE	N IN PART 1(0) 1	9. WAS AUTOPSY
AATIO						PERFORMED? YES NO T
PART II, OTHER SIGNIFICANT CONDITION PART II, OTHER SIGNIFICANT CONDITION PART II, OTHER SIGNIFICANT CONDITION 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED. (Enler nature of injury in P	ort I or Port II of it	em 18.)		
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.						
3 20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, fo	rm, i 20f. (City or t	own)	(County)	(Stole)
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19	While Not while fac	tory, street, office bldg., e	fc.)			
21. I certify that I took charge of		ove held an Autor	ev 🖃 Inch	oction 🖅	Inquiry 🖾	and in
				- Depter	1 / =	_
opinion death resulted from: Natu	rai causes , Accident	L, Suicide L,	Homicide [, Undeter	mined manne	r L
ACTUAL	26	CHIEF MEDICAL	EVALUACE C			DATE SIGNED
SIGNATURE CONTRACTOR	A Jones	M.D.				
EXAMINER'S James I. Boy	d		L EXAMINER	Sept	ember 15	, 1957
220. BURIAN CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION	(City town a	countyl	(Stote)
Cremation 9-17-57	Lees' Cre		Was	hingto	n D.C.	(31016)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	(0)	C'D BY REGISTRAR	24b. REGIST	TRAR'S SIGNATUR	te.
Lee Funeral Home -	300 4th St. N.	E. D.C. DATE	EP 17 '57	lee	-1	
					-out	

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BUREAU V. S.

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e. IS RESIDENCE ON A FARM? YES NOT Yeor 19 57

IF UNDER TYEAR IF UNDER 24 HRS.

Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A.

DEPT.			0100	DIGAL	EXAMINER	J JERTH			Reg. Dist.	No.
		E OF DEATH				1	DENCE (Where decease			before admission)
	0. ((ince George	8	MARYLAN	D G. STATE	Maryland	b. COUNT		eo.
		Y OR TOWN (II	l autside carporate limits, write	RURAL	LENGTH OF STAY IN 1	c. CITY OR	TOWN (If outside cor	porote limits, write	RURAL and gi	ve nearest town)
		Chever			D.O.A.	1 x 2	Berwyn He	ights		
	d. NA		AL OR INSTITUTION	If not in hospite		d STREET A	DDRESS			e. 15 RESIDE ON A FA
7	P	rince G	eorges Gene	ral Hos	spital	8801	53rd Ave	nue		YES NO
	3. NAM	E OF	Fir		Middle	Lost	4. DATE	Mont	h I	Day Yeor
		ASED or print)	Howar	vi	Taney	Jones	OF DEATH	Sept.	6.	19 5
V	5. SEX			-	NEVER MARRIED			9. AGE (In years	IF UNDER TY	AR IF UNDER 24
	м	ale	White	WIDOWED	DIVORCED	11	1873	lost birthday) 83 yrs.	Months Da	ys Hours Min
1				done 10b. KIN	D OF BUSINESS OR INDI	JSTRY 11. BIRTHPLA			12. CITIZEI	OF WHAT COU
			ng life, even if retired) merchant	Ant	omobile tire	s Mar	yland		I	I.S.A.
		HER'S NAME	1102 0110410	4640	01100120 0220	14. MOTHER'S				
		Georg	ges F_ancis	Tones		Tda	Virginia I	essler		
	15. WA		ER IN U. S. ARMED FO	morning	CIAL SECURITY NO. 17	INFORMANT		Address		7.77
0	{Yes, no,	er unknown)	(If yes, give war ar dates at	service)		Carlton	T. Jones	same as	# 2	
	18.	CAUSE OF DEA	TH [Enter only one cou	se per line for	(o), (b), ond (c).]					INTERVAL BETWEEN DINSET AND DEATH
		PART I, DEAT	TH WAS CAUSED BY:		Shock					ONSE! AND DEATH
1	- 1	103.0	DUE TO							
1	Co	nditions, if a			Fractured hu	merus				
	go	e rise lo immed	diote couse							
		stating the core lost.	underlying		Fall in bath	tub				
	7	PART II, OTH	HER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISEAS	E CONDITION GIV	VEN IN PART 1	
- 1	Ĕ	Condition couler word disease								YES NO
0										
0		EXTERNAL CAL	USE WAS 20	b. DESCRIBE H	OW INJURY OCCURRED	. (Enter noture of in	ury in Port 1 or Part II	of item 18.)		
0		EXTERNAL CAL			ow INJURY OCCURRED					
0	CAILER CAI	EXTERNAL CAL MARY DEOF COP JSE OF DEATH.	USE WAS 20	Fall	in bathtub v	thile taki	ing a bath.		(County	·) * (St
0	CAILER CAI	MARY FOR CONJECT OF DEATH.	USE WAS NTRIBUTING 20	Fall 20d. INJ	in bathtub v	rhile taki	lome, form, 20f. (City bldg., etc.)	y or town)		
, /	MEDICAL CERTIFICAL CALL	TIME OF INJUI	USE WAS NTRIBUTING D RY Month, Doy, Ye. 8-31-57,	Fall 20d. INJ While of work	in bathtub i	rhile taki PLACE OF INJURY (Hoctory, street, office Home	lome, form, bldg., etc.) Bez	y or town)	Pr. Ge	o. Md.
,	WEDICAL CERTIFIE CVI	TIME OF INJUI	USE WAS NTRIBUTING RY Month, Doy, Yes 8-31-57, hat I took charge	Fall 20d. INJ While of work	in bathtub is surry OCCURRED 20e. In Not white of work and mains described o	chile taki PLACE OF INJURY (Hoctory, street, office Hame bove, held an	ing a bath. lome, form, bldg., etc.) Bez	y or lown) THYN Hts. Inspection []	Pr. Ge	Md.
/	WEDICAL CERTIFIE CVI	TIME OF INJUI	USE WAS NTRIBUTING RY Month, Doy, Yes 8-31-57, hat I took charge	Fall 20d. INJ While of work	in bathtub i	chile taki PLACE OF INJURY (Hoctory, street, office Hame bove, held an	ing a bath. lome, form, bldg., etc.) Bez	y or lown) THYN Hts. Inspection []	Pr. Ge	Md.
	WEDICAL CERTIFIC	TIME OF INJUI	INTRIBUTING 20 RY Month, Doy, Yes 8-31-57, hat I took charge resulted fram:	Fall 20d. INJ While of work	in bathtub is surry Occurred 20e. In Not white of work mains described o uses , Acciden	ELACE OF INJURY (Foctory, street, office Home bove, held an III, Suicide	ing a bath. lome, form, bldg., etc.) Bez	y or town) Twyn Hts. Inspection (), Undete	Pr. Ge	Md.

IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED

DATE SIGNED

(Stote)

EXAMINER'S NAME (Type) John T. Maloney. 220. BURIAL CREMATION, 22b. DATE THEREOF Cremation 9/9/57

DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMPTERY OR CREMATORY

22d. LOCATION (City, town, or county) Colmar Manor

(Stote) Md.

4739 Balto. Ave. Hyattsville, Md.

Ft. Lincoln

240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

10 F VS. AISME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS. A15ME(5)

MARTLANL	STATE DEPARTMENT	NT OF HEALTH—BA	LTIMORE, 18	19805
979MEDIC	AL EXAMINER'S	CERTIFICATE OF	DEATH Reg. Dis	, , , , ,
PLACE OF DEATH		2. USUAL RESIDENCE (Where deced		ice before admission)
Prince Georg	e 1 S MARYLAND	• STATE Florida	b. COUNTY	✓
b. CITY OR TOWN (If ownide corporate limits, write RURAL and give nearest town) Cheverly	c. LENGTH OF STAY IN 1b Dead on ar	c. CITY OR TOWN (If outside co		give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in Prince George's Gen.		d. STREET ADDRESS 533 Palmetto		e. IS RESIDENCE ON A FARM? YES NO [X]
3. NAME OF First DECEASED (Type or print) Samuel	Middle	Lost 4. DATE OF DEATH	Month September	Day Year 23 1957
	ARRIED NEVER MARRIED 8.		9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
7077 77	WED DIVORCED	February 22,18	B 4 73 yrs. Months D	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	Db. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign	country) 12. CITIZ	EN OF WHAT COUNTRY?
Insurance	Retired	Kussia	U.	S.A.
Jacob Kisseleff		14. MOTHER'S MAIDEN NAME	20	
	16. SOCIAL SECURITY NO. 17. IN	Imba Botki	.I.I.	
Yes, no, or unknown) (If yes, give war or dates of service)		es Ruth Ladd, 3	Washington 2	8 Way. S.E.
420.1 DUE TO	ronary Occlussion			
PART II. OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NOW
PRIMARY or CONTRIBUTING CAUSE OF DEATH.	CRIBE HOW INJURY OCCURRED. (Ent	ter nature of injury in Part I ar Port I	l of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20 Hour o. m.	Od. INJURY OCCURRED 20e. PLACE factor twork at work	OF INJURY (Home, farm, y, street, office bldg., etc.)	y or town) (Coun	nty) (Stote)
21. I certify that I took charge of the death resulted from: Natural causes ACTUAL SIGNATURE EXAMPLES:		de, Homicide, U M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMIN	Indetermined couse	DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR C		ATION (City, town, or county)	23, 1957 (Stote)
Burial 9/25/57 23. FUNERAL DIRECTOR'S SIGNATURE Bernard Danzensky & Sons	ADDRESS 3501 14th St	Onal Cemetery Arl	TRAR 246. REGISTRAR'S SIGN	NATURE

ARTEMIS STATE DESARTMENT OF TEASTH—BATCHMORE

THE WORLD BY REPORT AND DOOR BOOK IN WINDOWS AND A STREET AND A STREET

BUREAU V. E.

SEP 27 1957

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FOR STATE HEALTH DEPT

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed the certificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shall be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be sined for your files.

TO FULLIA I DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the offe Board of Health, or its designated agent, prior to burial, cremotian, ar removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 98 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09807 Reg. Dist. No.

o. COUNTY PT	ince George	e's	MARYE	AND	o. STATE Mary						rge's
and give negrest	N (If outside corporate limits, wr town) lale, Maryl		D.O.A.	N 1b	c. CITY OR TOWN	(If outside co	rporote limits, write ark, Mary			neoresi lo	wn)
d. NAME OF HOS	SPITAL OR INSTITUTION Leland Me	(If not in he	ospital, give street address)	d. STREET ADDRESS / 8901		avenue,			ON	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)		rst	Middle Barbara	Ku:	Lp	4. DATE OF DEATH	Septemb		Doy 14,		Yeor 19 57.
5. SEX			IED MEVER MARRIED	-		07	9. AGE (In years lost birthday)	IF UNDE Months	R TYEAR	Hours	Min.
female	White ATION (Give kind of work	WIDOWI			Teb 24, 18		60' yrs.	12 (1	ITIZEN C	E WHAT	COUNTRY
Housev	orking life, even if retired	0	wn home	14003161	Marysv					A	COUNTRY
13. FATHER'S NAME	Michael W	oreli	n		14. MOTHER'S MAIDEN	INAME					
15. WAS DECEASED	EVER IN U. S. ARMED FO		. SOCIAL SECURITY NO.		ORMANT		Address				
	no			Da	rlington K	ulp	College	Park	c, M	aryl	and.
	DEATH Enter only one co	ouse per line	for (0), (b), and (c).]						INTE	ERVAL BETW	EEN
PART I, C	DEATH WAS CAUSED BY:	o)	Hemorrha	ge aj	nd shock						
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(o), stoting the			took on also	17.	- and doub						
	OTHER SIGNIFICANT CO	NDITIONS C	The state of the s		related to the ter	RMINALDISEA	SE CONDITION GIV	VEN IN PA	(RT 1(o)	19. WAS PERFO	AUTOPSY ORMED?
	CAUSE WAS CONTRIBUTING []		BE HOW INJURY OCCUR					enot	hor	car.	
20c. TIME OF II	NJURY Month, Day, Y	eor 20d.	enger in an	e. PLACE	OF INJURY (Home, fo	orm, + 20f. (Cr	ty or town)	(C	ounty)	-002	(Slote)
10.01 E	m. 9-14- 11		ile Not while of work		ghway		ltsville		r. G		Md.
21. I certify	that I took charg	e of the	remains described			psy ,	Inspection M	Inqu	iry X	, ar	nd in my
	ath resulted from:										
ACTUAL SIGNATURE	John J-M	Tale	mey,		M.D. CHIEF MEDICAL					DATE	SIGNED
EXAMINERLE NAME (Type)	John T. 1	falone	y, M.D.		ASSISTANT MED DEPUTY MEDICA			t. 14	, 19	757	
Burial Spe	ATION. 27b. DATE THERE cify) 9/18/57	OF	Arlington				ington V)	(Sto	fe)
23. FUNERAL DIREC	tor's signature asch's Sons	Нуа	ADDRESS ttsville, N	Md.	24a. RE	C'D BY REGI	STRAR 24b. REGI	STRAR'S	Men	sle d	ere.
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RURAL ond give of	DALE		c. LENGTH OF STAY IN	11	VN (If outside corpo	orote limits, write R	URAL ond giv	e nearest town)	
d. NAME OF HOSP OR INSTITUTION Private home	ITAL (If not in hospital, g		Street	/ d. STREET ADDI	RESS Drexel	Street		e. IS RESID	ARM?
3. NAME OF DECEASED (Type or print)	Fii Elaine	st	Middle C •	LeNoir	4. DATE OF DEATH	September September		Day Yes	or 57
5. SEX Female	6. COLOR OR RACE White	WIDOWE	_	□ May 5. 19	957	9. AGE (In years lost birthdoy) yrs.	IF UNDER 1	YEAR IF UNDER	24 HRS Min.
Infant 3. FATHER'S NAME	rking the, even it retired	done 10b. (KIND OF BUSINESS OR	Wash 14. MOTHER'S MA	ington,		12. CITIZI	EN OF WHAT C	OUNTR
	ERALD P. I ER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.	17. INFORMANT Gerald P.		THRYN A.	ene, M	ER d. St.	
PART I. DE 475 × Conditions, if gave rise to couse (o), stoting lying couse lost.	the under-	Ur	ardio-respira	atory failure				72 hou	eath rs
Microceph	aly, convuls	sions,	generalize				EN IN PART I	PERFORM YES 1	VED3
	AS UNDERLYING OF CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED. (Enter noture of in	jury in Port I or Por	t II of item 18.)			
20c. TIME OF INJU Hour a. p. p. m.	RY Month, Day, Yes	While	IJURY OCCURRED 20 Not while of work	De. PLACE OF INJURY (Hom foctory, street, office blo	ne, farm, 20f. (City dg., etc.)	y or town)	(Cou	inty)	(Stote)
actual SIGNATURE		1957 PEcca	berg, ne		ADDRESS (S	treet, city or town, Avenue,	ind on the stote)	date stated	
220. BURIAL CREMATIC REMOVAL (Specify BUT 18.1	ON, 22b. DATE THEREC	F	Arling to			TION (City, town, o	or county)	(Stote)	
23. FUNERAL DIRECTOR		Coll 18 38	ADDRESS 21 14th.N	D. C - 240	REC'D BY REGIST	TRAR 24b. REGIS	STRAR'S SIGN.		7

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CENTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Pr. Geo. MARYLAND Prince Georges b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) and give negrest town) Edmonston D.O.A. Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5208 Decatur Street YES NO Prince Georges General Hospital NAME OF First DATE Year DECEASED 57 DEATH Sept. (Type or print) Williard Limerick 19 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Hours Days 8-11-05 WIDOWED | DIVORCED [Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Antomobile Virginia Mechanic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Limerick Nanie Butcher 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (If yes, give war or dates of service) Harry W. Limerick, Jr; same address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiovascular renal disease IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State) factory, street, office bldg., etc.) Not while 0 m at wark of wark p. m. 21. 1 certify that I took charge of the remains described above, held an Autapsy [], Inspection [4], Inquiry [4] opinion death resulted from: Natural causes , Accident , Suicide . Hamicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER John T. Maloney. M.D. Sept. 16. 1957 NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)
Burial Mt Olivet Cemetery 9/18/57 Washington D. C. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville Md.

DATE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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9800	CERTIFICA	TE OF DEATH	Reg.	Dist. Na.
1. PLACE OF DEATH o. COUNTY PRINCE GEORGES	MARYLAND	2. USUAL RESIDENCE (Who a. STATE	here deceased lived. If institution: Resident B. COUNTY PRI	dence before admission) NCE GEORGES
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) CHEVERLY	NGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside carparate limits, write RURAL an	
d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION PRINCE GEORGES GENER		d. STREET ADDRESS	ST.	e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) CHARLES	Middle	LTTLE	4. DATE Month OF DEATH SEPT.	Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED & B	12-15-56		ER TYEAR IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind af wark done during most of warking life, even if retired)	OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stole Washingto	or foreign country) 12.	CITIZEN OF WHAT COUNTR
13. FATHER'S NAME Charles E Little		14. MOTHER'S MAIDEN N		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA (Yes, no, or unknown) If yes, give wor or dates of service)		harles E. L	ittle Maryland Pa	ark, Md.
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock		yte imbalance	9	INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
gave rise to immediate DUE TO	ea and dehyd tis (causati	ration ve organism	undetermined)	l week
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	HOW INJURY OCCURRED	. (Enter nature of injury in F	Part I or Part II af item 18.)	
	OCCURRED 20e. PLA: Not while facts It work	CE OF INJURY (Home, farm ary, street, affice bldg., etc.	, 20f. (City or town)	(County) (State)
21. I certify that I attended the deceased from alive an		accurred at 3/454	M, fram the causes and an ADDRESS (Street, city or town, state)	the date stated above DATE SIGN
PHYSICIAN'S NAME (Type)		0 1		
	edar Hill (Suitland Md.	r) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Md	24g. RECI	BY REGISTRAR 246. REGISTRAR'S	SIGNATURE

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MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe	*	S	DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the rejunt prior to burial, crematian,	
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G	E C	th.	2	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	(981	1347
3.	Dist.	No.	

DATE SIGNED

		98年	PICA	L EXAMINER	'S CERTIFICA	TE OF	DEATH	Reg. 1	Oist. No		194
)	1. PLACE OF DEATH a. COUNTY Pri	nce Georg	e's	MARYLANI	2. USUAL RESIDENCE o. STATE Mar	(Where decedy)			ince bef		
	b. CITY OR TOWN (If and give nearest town) Forestv	outside corporote limits, write	RURAL	c. LENGTH OF STAY IN TE	c. CITY OR TOWN		,	RURAL OF	nd give no	earest to	wn)
)	d. NAME OF HOSPITA 262 Flow		not in hosp	pital, give street address)	d. STREET ADDRESS 1262 Flo		Lane			ON	A FARM
	3. NAME OF DECEASED (Type or print)	First William		Middle Henry	Littleton	4. DATE OF DEATH	Montl 9	h	Doy		957
	5. SEX Male	6. COLOR OR RACE		D NEVER MARRIED	B. DATE OF BIRTH 1/11/82		9. AGE (In years lost birthday)	IF UNDE Months		IF UND	ER 24 HR Min.
1		N (Give kind of work do	one 10b. K	IND OF BUSINESS OR INDU			country)	1	S. A		COUNT
	13. FATHER'S NAME				14. MOTHER'S MAIDEN						

15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) [If yes, give wor or dates of service]	? 16. SOCIAL SECURITY NO.	Rosa Littleton	Address Same as #	2
18. CAUSE OF DEATH [Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	cerebral th	rombosis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the underlying DUE TO		lar renal diseas	е	
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINALDISE	EASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?

PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 20f. (City or town) (County) (Stote) While Not while Hour a.m. at work at work

Inquiry . T. 21. I certify that I took charge af the remains described above, held an Autapsy 🗍, Inspection [], and find that death resulted fram: Natural causes Undetermined cause Homicide .

ACTUAL CHIEF MEDICAL EXAMINER

9/11/57 EXAMINER'S NAME (Type) Boyd James I. DEPUTY MEDICAL EXAMINER

22c. NAME OF CEMETERY OR CAEMATORY 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION [City, town, or county) (State) D

24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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MARYL	AND	STATE	DEPARTMENT	OF HE	ALTH-	BALTIMO	ORE, 1	18
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1801	CERTIFICATE	OF	DEATH
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09812 245
Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	nce Georges	MARYLAN		USUAL RESIDENCE (WAS STATE		lived. If instituti b. COUNTY			
b. CITY OR TOWN (If outside corporate limits, w	rite c. LENGTH OF STAY IN 1	lb	c. CITY OR TOWN (IF o		rate limits, write R			
RURAL and give n	e Maryland		X	2 6440 Roll:	ins Av	e. Seat	Pleasa	int.	Marylan
d. NAME OF HOSPI	TAL (If not in haspital, give s	treet address)	1	d. STREET ADDRESS			- 1	e. IS I	RESIDENCE A FARM?
	eland Memoria	l Hospital	/	6440 Roll:	ins Av	renue			□ NO 🖸
3. NAME OF DECEASED (Type or print)	First E.d.e	Middle ar Walker	2	Lost	4. DATE OF DEATH	Mor		Day	Yeor 19 57
5. SEX		MARRIED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years	IF UNDER FY	EAR IF UN	
Male		DOWED DIVORCED		rch 30, 18	97	lost birthdoy)	Months Do		
100. USUAL OCCUPATION	ON (Give kind of work done	106. KIND OF BUSINESS OR IN					12. CITIZE	N OF WH	AT COUNTRY?
Unemplo	king life, even if retired) yed (2 yrs)			District of	f Colu	mbia	U.	S.	
13. FATHER'S NAME			14	MOTHER'S MAIDEN N	IAME				P # 4 P
James Wal	ker Lynch		33	Augusta Po	etigus	t			(
			7. INFO		1	Add	rest D/	7	-1/2
(10s, no or uningwn)	(it yes, give wor or adies or service)	1- 1	Fell	mode	Inch	seas	Itle	asa	ndon
	ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (c).]	rin	of Live	2				BETWEEN ND DEATH
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lying couse lost.	(c)	arteri	20	ellrole	2 H	ear 1	Co. 1.	742	1
PART II. OTI	HER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	EN IN PART 1	PER YES	FORMED?
	AS UNDERLYING [] 206. G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Er	iter noture of injury in !	Port I ar Por	t ft of item 18.)			
20c. TIME OF INJUING Hour o.m., p. m.	V V	20d. INJURY OCCURRED 20e. While Not while t work at wark	foctory,	OF INJURY (Home, form street, office bldg., etc.	20f. (City	or town)	(Cou	nty)	(State)
21. I certify /	nat I attended the de	ceased from Sun	4	, 1937, to C	seets	U 195	7 that I las	t saw th	ne deceased
alive an A	0, 2 0.0	19 517 and that de	ath ac	urred at 12 30	M. from	n the causes of	and on the	date str	ated above
	10 , 10	1 1/		0	ADDRESS (S	reet, city or town,	state)	-	DATE SIGNED
ACTUAL SIGNATURE	CW M	laun	M.D.	15wer	da	1,74	d	9-1	8.57
PHYSICIAN'S NAME (Type)	LWM	alin MD							7
220. BURIAL CREMATIC REMOVAL (Specify	ON, 21 DATE THEREOF	7 22c NAME OF CEMETER	Y GR CR	EMATORY .	22d. LOCA	Man lan	or cayhity)	malis	tote)
23. EUNERAY DIRECTOR	's SIGNATURE	- Halls	rel	ON TO DATE	D BY REGIST	1957 REGI	STRAP'S SIGNA	ATURE	veres
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CERTIFICATE OF DEATH

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BUREAU V. K.

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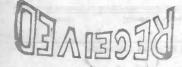
1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
ن ج	: 9892 CERTIFICATE OF DEATH Reg. Dist. No. 213
be filed with	1. PLACE OF DEATH O. COUNTY PRINCE GEORGE S MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE MARYLAND b. COUNTY BATIMORE
the funeral shauld be	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 1743 174 174 3V0 1-4
XI nx	d. NANE OF HOSPITAL (If not in hospital give street address) OR INSTITUTION OR HASTILIPTION AND AND ARILLY 449 A QUSTA AVE, e. IS RESIDENCE ON A FARMS YES NO
d in b	3. NAME OF DECEASED (Type or print) First Middle MACKERT 4. DATE OF DEATH SEPT. 9 1957
completely papers. Pag	5. SEX 6. COLOR OR RICE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Starthday) Wonths Days Hours Min. WIDOWED DIVORCED NOV. 16. 1867 8 starthday) Yrs. Wonths Days Hours Min. William William Worker William Worker William Worker William Worker William Worker Worker
ian and comple carbon papers.	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. CITIZEN OF WHAT COUNTRY? 14. C. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME IN STEINWELE / CARISTINA NEED
ing physic e remove 72 haurs	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HENRY MACKERT - SAME (HUSTAN)
attending on please re of within 72	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) HYPOSTATIC CONGESTION IMMEDIATE CAUSE (o) HYPOSTATIC ONSET AND DEATH HYPOSTATIC ONSET AND DEATH
d by the mit. The	Conditions, if ony, which) OLERONIC ENCOCARDITIS SEVERALYIS
in per	gave rise to immediate couse (a), stating the under- lying cause last. DUE TO GENERAL ARTERIO SCIEROSIS 20, YFS.
ng physician le has been s burial-transil remayal, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If EITHER NOTIFY MEDICAL EXAMINER)
ificate the bu	
this cert r use as emation	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. js. P. m. 19 While of work of two of
R: After rached fo burial, a	21. I certify that I attended the deceased from 124, 1940, to 50 M, from the causes and on the date stated above.
tecto be del	ACTUAL SIGNATURE CASE COMMINS M.D. LAURE SANITARINA
be retained audit registror pri	PHYSICIAN'S TESSE (COQQINS LAURE - MARYLAND
o Fur page the regi	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
VS A15 (4) 15M 9/55	23-FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE DATE DATE
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	CERTIFICATE OF DEATHY		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

SEP I3 1957



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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO MEDICAL EXAMINER'S CERTIFICATE OF DEAT	. 00010
	1. PLACE OF DEATH O. COUNTY O. STATE	Reg. Dist. No. f institution: Residence before admission) COUNTY
(M)	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negres) town) Maryland c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL ond give negres) town)	Howard
	Laurel D.O.A. Laurel /3) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS	e, IS RESIDENCE
99	Office of Bryan Warren, M.D.	ON A FARM? YES NO
	3. NAME OF DECEASED First Middle Lost 4. DATE OF DECEASED OF DEATH Septem	Month Day Year nber 11, 19 57
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In lost birthda WIDOWED DIVORCED DOCK. 21, 1955	years IFUNDER TYEAR IF UNDER 24 HR: ayl Months Days Hours Min.
/	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Maryland	12. CITIZEN OF WHAT COUNTR
1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	•
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, give war or doles of service) Mary Miles; same address	Address
V	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PITTUSE bronchopneumonia DUE TO Conditions, if ony, which gove rise to immediate cause (o), stating the underlying DUE TO	INTERVAL BETWEEN ONSET AND DEATH
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	ON GIVEN IN PART 1(0) 19. WAS AUTOPSI PERFORMED? YES NO
	The second secon	
	20c. TIME OF INJURY Month, Day, Year Hour o, m. p. m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(County) (Stote)
	21. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined , Undetermined , Suicide , Homicide , Suicide , Homicide , Suicide , Homicide , Undetermined , Suicide , Homicide , Homicide , Suicide , Homicide , Homi	n 📆, Inquiry 📆, and find the ned couse 🔲.
2	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
ov remove	EXAMINER'S DEPUTY MEDICAL EXAMINER TO DEPUTY MEDICAL EXAMINER TO SURIAL (Specify) 220. SURIAL (Specify) 220. NAME OF CEMETERY OR CREMATORY PSEMOVAL (Specify) 221. LOCATION (City, Chapter	anydel to 7
E(S)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PAG. REC'D BY REGISTRAR 246 RIdgle, Selly 40/ Mash are DATE 357	D. REGISTRAR'S SIGNATURE

HTAROTO STADPHTERS CERTIFICATE OF DEATH

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BUREAU V. S.

SEP 16 1957

SEP 10 1957

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deoth. If any delay is necessary, please executed by the cute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for each to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files.

TO FLORAR DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 7 and 2 with the result or prior to burial, cremation, or removal. for for TO FL VS. A15ME(5)

5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

984 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rog. Dist. No.

09817

1. PLACE OF DEATH O. COUNTY Prince George's MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution of the county of					M - 1	ce before admission)		
b. CITY OR TOWN (If ond give nearest town)	outside corporate limits, write	RURAL C	LENGTH OF STAY IN 1	c. CITY OR TOWN (If outside corp	orate limits, write	RURAL and	give nearest town)
Upper Mar	And an		Transien	t McLean		83)	(-3	4
d. NAME OF HOSPITA	James S	f not in hospita ASSCET	ol, give street address)	d. STREET ADDRESS Route	# 3,	Box 3	28	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fin C1	ifton	Middle George	Muns	4. DATE OF DEATH	Mont Sept	ember	Day Year 15 19 57
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)		YEAR IF UNDER 24 HRS.
Male	White	WIDOWED [DIVORCED [August 15,	1917	40 yrs.	Months D	ays Haurs Min.
10a. USUAL OCCUPATIO during most of working Contract	lite, even it retired)		of Business or INDU lding	Oklahor	ma	ountry)	12. CITIZI	S. A.
	7//			14. MOTHER'S MAIDEN				
15. WAS DECEASED EVE	ge Muns	CESS IN SO	CIAL SECURITY NO. 17.	Ollie	strate			
(Yes, no. of Witnessen)	(If you give war or dolles at	iervice)	CIAL SECURITY NO. 17.		7 7770 7/5	Address		# 2
ID CALLES OF DEAT	H [Enter only one cou	o per line for	(a) (b) and (a)]	Mrs Gwendo	TAU MI	uis, su	me as	INTERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO y, which (b) iote cause	Cor	onary throm	renal disease	0			ONSET AND DEATH
20g. EXTERNAL CAU				NOT RELATED TO THE TERM			VEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED YES NO
CAUSE OF DEATH. 20c. TIME OF INJUR Hour a. m. p. m.		While	URY OCCURRED 20e. Pl Not while of work	LACE OF INJURY (Home, faractory, street, office bldg., etc	m, 20f. (City	or town)	(Coun	ly) (Stole)
21. I certify th	at I took charge	of the rem	noins described ab	ove, held an Autop	sy 🔲, In	spection 🔂	Inquiry	and find that
				Mo. CHIEF MEDICAL E	e , Un	determined of	cause .	DATE SIGNED
	ames I. Bo	yd		DEPUTY MEDICAL	EXAMINER 5	sel Sel	ptember	15, 1957
220. SURIAL, CREMATION REMOVAL (Specify)	9/18/5	7 9	NAME OF CEMETERY	n//aleonal	lere	MON (City, town	2	(State)
23. FUNERAL DIRECTOR'S	has Se-	no c	ADDRESS / / 73 / R	Aux DATE	D BY REGIST	ST ST	STRAR'S SIGN	lature 1

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

SEP 23 1957.

BUREAU V. S.

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JOSEPH NEIMARICH (19819 -CERTIFICATE OF DEATH Reg. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed b. COUNTY MARYLAND VIMCE erol b. CITY OR TOWN (If gutside corporate limits, write t. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give negrest town ploods d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR, INSTITUTION 12804 W ON A FARM? YES NO NAME OF i First Middle 4. DATE Day Year DECEASED (Type or print) DEATH marich 19:50 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HR B. DATE OF BIRTH Months Days Hours Mih WIDOWED N DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND, OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2504 remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address no 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 24.60 IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** catse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) foctory, street, affice bldg., etc.) Haur a. m. While Not while of work of work p. m. 21. I certify that I attended the deceased fram. 19_52, that I last saw the deceased alive on , and that death occurred at/O .M, from the causes and an the date stated above. ADDRESS [Street, city or town, state) DATE SIGNED ACTUAL P PHYSICIAN'S ERNES 22a. BURIAL CREMATION. 22b. DATE THEREOF FUN 22c. NAME OF CEMETERY OR CREMATORY 22d. LOGATION (City, town, or county) (State) REMOVAL (Specify) 0 RALDIRECTON 240. REC'D BY REGISTRAR 1 246. REGISTRAR'S SIGNATURE VS A15 (4) DATESEP 30 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH . S. & WENN SCHOOL BESTE Self-Vermilder Schreiderschaft (1997) der Selfen Wegener der KOCKYTELE 12 Tot WEISS SE ! SEP 30 1957 MONNING I E HANNON

1	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
, ooi		MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Dist. No. 820
Carried Carrie		PLACE OF DEATH O. COUNTY OF THE GROUPS MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institytion: Residence before admission) O. STATE Maryland COUNTY Company Services O. STATE Maryland O. S
	(c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
00		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital), give street hold (394-Walker Mill Ross vis no p
		NAME OF DECEASED (Type or print) Sept. 26 1957
	5	SEX COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Walle Color of WIDOWED DIVORCED DIVORCED 1899 Sex Months Days Hours Min.
1	L	. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. EIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Worked 12. CITIZEN OF WHAT COUNTRY?
(3	Thomas Nechals Rockel mulling
0		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 577160941 Estable Collaboration Address 577160941
		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Certo vescular Good
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO Carboras aulan served alumando de cause (c) DUE TO
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\text{VES} \) NO \(\text{VES} \)
	L CERTIFI	20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a. m. p. m. 20d. INJURY OCCURRED While Nat while at work a
		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
^		ACTUAL SIGNATURE MEDICAL EXAMINER DATE SIGNED
ol.		EXAMINER'S JAMES J. BOYD DEPUTY MEDICAL EXAMINER D Sept 26/195/
5		BURNAL CREMATION, 1226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, of county) (State) WASHINGTON, D.C.
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 414.155. E. 240. REC'D BY REGISTRAR SEP 3 0 '57 DATE ADDRESS ADDRESS 414.155. E. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE ADDRESS

MEDICAL EXAMINARYS CERTIFICATE OF DEATH

AND THE RESIDENCE OF THE PARTY OF THE PARTY

BUREAU V. L.

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FOR STATE

neral directions of the Board of death. delay hours ofter any 3 to th may with pup 50 the ward "pending" in pencil in Item 18. Chief Medical Examiner's Office along with 3 should be used as a burial-transit permit. cremation, buriol, MEDICAL EXAMINER: m writing to the Page DIRECTOR: designated FUNERAL D 0 DEPUT 00 0 0

200. EXTERNAL CAUSE WAS

20c. TIME OF INJURY

ACTUAL SIGNATURE

EXAMINER'S NAME (Type)

Burial

23. FUNERAL DIRECTOR'S SIGNATURE

MEDICAL

PRIMARY OF CONTRIBUTING CAUSE OF DEATH.

o. m.

p. m.

220. BURIAL CREMATION, 226. DATE THEREOF

Month, Doy, Year

opinion death resulted from: Natural causes IX.

9/27/57

21. I certify that I took charge of the remains described above.

John T. Maloney, M.D.

F. Gasch's Sons Hyattsville, Md.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission is necessary, please al director. Page of for your files. Board of Health, a. COUNTY b. COUNTY MARYLAND Prince Georges Marry and b. CITY OR TOWN HI outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville Hyattsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 2119 Lewisdale Drive 2h19 Lewisdale drive NAME OF DATE Middle Lost DECEASED Carl (Type or print) Oksanen DEATH September 9. AGE (In years lost birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED. 1 8. DATE OF BIRTH WIDOWED [Male white DIVORCED [1884 73 d be executed within 24 hours after death.

1 pencil in Item 18. Give Pages 1, 2, and

1 ser's Office along with form PM3. Page 5 is

2 burial-transit permit. File pages 1 and 2

or removal, and in any freet within 72 ho 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) Retired truck driver City of Duluth, Minn. Finland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Otto Oksanen Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Iff yes, give war or dates of service) No Jo 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Toxemia IMMEDIATE CAUSE (o) DUE TO Intestinal obs Conditions, if ony, which gove rise to immediate couse DUE TO (o), stoting the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R

206. DESCRIBE HOW INJURY OCCURRED, (Enter r

Not while

22c. NAME OF CEMETERY OR CREM

Gate of Heaven

20d. INJURY OCCURRED

of work at work

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 119821

e. IS RESIDENCE ON A FARM?

YES NO

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IF UNDER 24 HRS.

Haurs

12. CITIZEN OF WHAT COUNTRY? U.S.A.

57

Reg. Dist. No.

Pr. Geo.

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Doys

IF UNDER TYEAR

Months

D. 17. INFORMANT	Address	
John A	rena; same address.	
		INTERVAL BETWEEN ONSET AND DEATH
nal obstruct	tion	
ATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN	N IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO K
URRED. (Enter noture of in	njury in Part I ar Port II af item 18.)	
20e. PLACE OF INJURY (factory, street, office	Home, form, 20f. (City or town) bldg., etc.)	(County) (State)
ed obove, held on	Autopsy , Inspection ,	Inquiry , ond in my
ident, Suicid	e 🔲, Homicide 🔲, Undeterr	mined monner
M.D.	MEDICAL EXAMINER NT MEDICAL EXAMINER	DATE SIGNED
DEPUTY	MEDICAL EXAMINER Sept.	25, 1957
Heaven	22d. LOCATION (City, town, or Silver Spring	
Md.	240. REC'D BY REGISTRAR 24b. REGIST	RAR'S SIGNATURE
		2

VS. A15ME 5M 2/57

ON MEDICAL EXAMINER'S CERTIFICATE OF DEATH TO C

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BUREAU V. K.

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FOR STATE HEALTH DEPT

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DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is early the certificate, writing the word "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funer that the foreign provided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be the UNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the state death, its designated agent, prior to burial, cremation, or removal, and in any event within 72-hours after death.

TO DEPUT 4 sho TO FUN ŏ VS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 980 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09822248
Reg. Dist. No. 248

b. CITY OR TOWN (II				A CTATE		E COUNT	v	e berore c	
	ince George	8	MARYLAND	o. STATE Mary.	land	b. COUNT	Montg	omerj	7
and give negrest town	outside corporate fimils, write	RURAL C.	LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f autside car	porate limits, write	RURAL and gi	ive neares	t town)
	verdale		D.O.A.	Rock	ville	15	21.2		
	AL OR INSTITUTION (IF	not in hospital		d. STREET ADDRESS					S RESIDENCE
Leland M	emorial Hos	Intim		201 1	Adams	Street			ON A FARM? NO
3. NAME OF	First		Middle	Last	4. DATE	Mont	h	Day	Year
(Type or print)	Thomas	Edi	zar Pedd:	Lcord , Jr.	DEATH	Septembe			19 57
5. SEX			NEVER MARRIED 1			9. AGE (In years	-	EAR IF U	NDER 24 HRS.
W-la		WIDOWED			1921	35 yrs.	Months Do	ys Hau	m Min.
Male	MILL	Control	OF BUSINESS OR INDUST				12 CITIZE	N OF WH	IAT COUNTRY
during most of working	g life, even if retired)	One Too. Kilve	OF BOSINESS ON INDUST					S.A.	INI COUNTRI
Machinis	7			Dist. of		MOTA	0.	D.R.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN					
AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN	as Edgar Pe	the state of the s	the state of the same of the s		le Ric				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of so			NFORMANT		Address			
				Mother; Rock	kville	, Marylar	nd		
Canditions, if a gave rise to immed (a), stating the	diate couse	Fr	actured skul	1					
cause last.	(c)_ HER SIGNIFICANT COND	ONTIONS CONTI	RIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	MINAL DISEAS	SE CONDITION GIV	VEN IN PART I		RFORMED?
PART II. OTH	JSE WAS 20th TRIBUTING 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Passeng r 20d. INJU While at work [er in an aut RY OCCURRED 20e. PLA Not while of foct	combile in combile in combile in combile in combile in combile in combine of the	ollisi m, 20f. (Cit	of item 18.) on with a yor town)	a bridg	YES [(Stote)
PART II. OTH PART II. OTH 20a. EXTERNAL CAL PRIMARY Day COI CAUSE OF DEATH. 20c. TIME OF INJUI Hour 5.15 p. m. 21. I certify th	JSE WAS DITRIBUTING DITRIBUTIN	Passeng 20d. INJU While at work [of the rem	ow injury occurred. (I	cmobile in combined in the combine in the combine in the combined in the combi	ollisi m, 20f. (Cit.) Bel sy, I Hamicide	of item 18.) on with a y or town) teville nspection i Undete	a bridg	YES [RFORMED? NO (Stote)
PART II, OTH PART III, OT	USE WAS NTRIBUTING 120h RY Month, Doy, Year 9-7- 19 19 not 1 took charge resulted fram: N	Passeng r 20d. INJU While of the rem	er in an aut BRY OCCURRED ON While of the work In an aut On the work On the work In an aut On t	comobile in composite in compos	ollisi m, 20f. (City sy, 1 Hamicide XAMINER	of item 18.) on with a yor town Literille Inspection Undete	(County Pro Inquiry ermined mo	YES [(Stote) Md. and in my
PART II, OTH PART III, OT	USE WAS NTRIBUTING 120h RY Manth, Doy, Year 9-7- 19 5 nat 1 took charge resulted fram: N John T. Male	Passeng 1 20d. INJU 57 at wark [of the rem Natural cau coney, M	er in an aut BRY OCCURRED Out while of the out work of the o	combile in	ollisi m, 20f. (Cir. Bel sy, 1 Hamicide XAMINER	of item 18.) on with a yor town) teville nspection Undete	Pro- Inquiry	YES [YES [Geo. Anner [DA	(State) Md. and in my TE SIGNED
PART II. OTH 20a, EXTERNAL CAL PRIMARY or COI CAUSE OF DEATH. 20c. TIME OF INJUI 5.15 p.m. 21. I certify th opinion deoth ACTUAL SIGNATURE EXAMINER'S NAME (Type) 22a. BURIAL, CREMATIC	USE WAS NTRIBUTING 20th RY Manth, Day, Year 9-7- 19 6 not 1 took charge resulted fram: N John T. Male NN, 1226. DATE THEREON	Passeng 1 20d. INJU 57 at wark [of the rem Natural cau Cney, M F 22cc	er in an aut BRY OCCURRED ON WHILE ON WORK O	comobile in c CE OF INJURY (Home, for ory, street, office bldg., etc Highway IVE, held an Autops M.D. CHIEF MEDICAL E ASSISTANT MEDICAL DEPUTY MEDICAL CREMATORY	ollisi m, 20f. (Cir. Bel sy, ! Hamicide XAMINER EXAMINER 22d. LOCA	on with a yor town) tsville nspection Undete	Pro- Inquiry ermined mo	YES [YES [Geo. Anner [DA	(Stote) Md. and in my
PART II, OTH PART III, OT	JSE WAS NTRIBUTING 20th RY Month, Day, Year 9-7- 19 6 not 1 took charge resulted fram: N John T. Male 9/10/57	Passeng 1 20d. INJU 57 at wark [of the rem Natural cau Cney, M F 22cc	er in an aut BRY OCCURRED Out while of the out work of the o	comobile in comobi	ollisi m, 20f. (Cin. Bel sy, 1 Homicide XAMINER CAL EXAMINER EXAMINER 22d. LOCA Darr	of item 18.) on with a yor town) teville nspection Undete	Pro Inquiry ermined mo	YES [YES [Geo. DA	(Stote) Md. and in my TE SIGNED

PERSONAL STATEMENT OF THE WEATHER STATE OF DEATH.

note | solida conida Yanuarana -- P Hockwilling. Miverselle Parks Latinad Latinad Denisi double arebition Thomas Digit Paditoors, D. Sur Embara 000, 17, 1921 | 55 845 Taldenion is .dail de la contraction de la contra פסית הוולים היספ Promise Edgar Lancing Hobbers Hoolwilles higher Stocks the one branch Pagerenger in an automobile in colliteron with a belone. The second of th BUREAU V. E. SEP 10 1957 The state of the s

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Hobert A. Europincy-Enthesdo, Md.

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CERTIFICATE OF DEATH

Reg. Dist. No.

		keg. Dist. No.
1.	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
13	Prince Georges MARYLAND	b. Court
Г	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest rown)
1	Cheverly	Navlor X2
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
L	rince Georges Gen. Hospital	Box C 87
3.	NAME OF DECEASED (Type or print) Clara	Lost 4. DATE Month Day Yeor OF DEATH September 11 19 57
5.		8. DATE OF BIRTH 9. AGE (In yeors IF UNDER PYEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours Min
L	Female Regro WIDOWED DIVORCED	1-6-92 65 yrs.
10	during most of working life, even if retired)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Richard Skinner	Elizabeth Spence
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
	O	Joseph Pinkney Box87 Naylor, Md
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	O INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	are Neart talle 2 2 noor
Е	443X DUE TO 1/ / /	11
	W. Dai Va	111110 NOQUE DILE LIVERS
	Conditions, if any, which gove rise to immediate (b)	west nearly noteing I for
	couse (o), stoting the under-	
	lying cause lost. (c)	
Ö	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RECOTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
15	Ten arleys	1 Cleron 1 PERFORMED? YES NO M
CERTIFICATION	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Part II or Part II of item 18.)
MEDICAL	20c: TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
ED	Hour a. jr. While Not while for	clory, street, office bldg., etc.)
2		
	21. I certify that I attended the deceased fram. 8-24	, 1957., to 9-11, 1957, that I last saw the deceased
	alive an <u>9411-</u> , 1957, and that death	accurred o 2:15 P.M. from the causes and on the date stated above
П	1. 00011	ADDRESS (Speet, city or town, stole) DATE SIGNED
	SIGNATURE SOULLY VINGOV	4300 KAVWOOD OR 9/12/1
	STOTE AT THE STOTE	- ND
L	PHYSICIAN'S SAMUEL V. N. SUG	AR MT RAINIER MY
22	O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	OR GREMATORY , 22d. LOCATION (City, town, or county) (State)
	Burial 9-14-57 Brooks	Church Naylor 1 Md.
23	FUNERAL DIRECTOR'S SIGNATURE OF ADDRESS # 939+	HUNTP! 240. REGISTRA 246 PEGISTRAR STONATORE
L	Myrthe Kilpellins N.E. 19.7	D.C. DATE
-		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUN. DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page canould be detached for use as the burial-transit permit. Then please remove carbon papers. Page and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A1S (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09824

		: 3000	3	CERTI	IFIC/	AIE	OF DE	ATH	1			Reg. D	ist. No		
	PLACE OF DEATH O. COUNTY Pril	nce George	S	MAR	CLAND	2. USI	AL RESIDEN			d lived. I	f institution	on: Reside	nce befo	re odmissi	ion)
	b. CITY OR TOWN (If RURAL ond give nea	outside corporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. (ITY OR TOW)
	40.0	verly		85 days		15	Hvatt	tsvi	lle						
	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g	ive street			, d.	STREET ADDR	ESS						e. IS RESI	
		Georges Ge				/	4221	Og	letho	rpe	St.				FARM?
3.	NAME OF DECEASED	Fin	it	Middle			Lost		4. DATE OF DEATH		Mon	th	Do	y \	/ear
	(Type or print)	Emma			Pı	recto	or		DEATH		Sept		30) 1	9 57
5.	SEX	6. COLOR OR RACE	7. MARR	HED T NEVER MARRI	ED 🔲	B. DATE	OF BIRTH			9. AGE (IF UNDE		IF UNDE	
	Female	White	WIDOW				16 June			52	53 yrs.	Months	Days	Hours	Min.
10c	during most of working	N (Give kind of work of ng life even if retired) WITE		wn Home	OR INDU	STRY 11.			ton D			12. CI	era		COUNTRY
13.	FATHER'S NAME					14. M	OTHER'S MA	IDEN N	AME						
	Edwar	d B Simon	ds						Deli	a E.	Las	ter			
15.	WAS DECEASED EVER	IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO		NFORMA			-		Adde	ess			
1,0	i. no. or anknown)	no	rvicej	none	0	. 0]	liver	Pro	ctor	Ну	atts	vill	e, :	Md.	
	PART 1. DEAT	H [Enter only one country one	1	(1 A O - 3	1	MF	10	Si	5	,				ERVAL BE	
TION	Conditions, if any gove rise to im couse (o), stoting the lying couse lost. PART II. OTHE	mediote (ONTRIBUTING TO DE	ATH BUT	NOT REI	ATED TO THE	TERMIN	NAL DISEASE	E CONDIT	TION GIV	EN IN PAI	RT 1(o) 1	9. WAS A	UTOPSY RMED?
AL CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY N			CRIBE HOW INJURY O							n 18.)			YES 🗌	NO 🗌
MEDICA	20c. TIME OF INJURY Hour o. p. p. m.	Month, Day, Yea	While of work	Not while of work	20e. PL fo	ACE OF I	NJURY (Homet, office bld	e, farm, g., etc.)	20f. (City	or town)		(County)		(Stote)
	actual SIGNATURE	t I attended the	decease _, 12	and that	death	M.D.	1955, 10 red at 5,	30	AM. From	n the co	ouses a	nd on t			deceased d above TE SIGNED
220	BURIAL, CREMATION REMOVAL (Specify)	226. DATE THEREON 10/2/57		Fort Line					Colm				ryl	(State)
23.	FUNERAL DIRECTOR'S			ADDRESS			240	. REC'D	BY REGIST			TRAR'S SI			
	F. Gasch'	s ons	Hyat	tsville Ma	aryl	and.	DA	TE (CT 4	'57	de	1/20	well		

VS A15 (4) 15M 9/55

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ficate be executed within 24 haurs after death. Page 4	TO FUN L DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.	ours offer depth.
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Cert	ng pl	72 h
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VS	A15 (4)	9
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Item 7. F	H 1m G220	196/5	CERTIFIC	AT	E OF DEATH	H		Reg. Dis	it. No.	
1. PLACE OF DEATH o. COUNTY Prince	e Georges		MARYLAND	- 11	USUAL RESIDENCE (WI o. STATE Maryland	here deceas	b. COUNTY	on: Residence		imission)
	(If outside corporate lin	nits, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (IF	outside corp				town)
Che ve	rly		18 days		16 Mt. Ra	inier				
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital,	give street	address)		d. STREET ADDRESS					RESIDENCE
Prince	e Georges G	enera	1		3803 35th	Sta				S NO
3. NAME OF DECEASED (Type or print)	Gu	irst V	Middle	R	lost ichards	4. DATE OF DEATH	Mon Sep		Day	Yeor 19 57
5. SEX			IED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years	IF UNDER		INDER 24 HRS
Male	White	WIDOWE	DIVORCED		9-18-77		lost birthday) yrs.	Months	Days Ho	urs Min.
10a. USUAL OCCUPAT during most of we Retired	TION (Give kind of work orking life, even if retired Agri	done 10b.	re Dept Gov	t t	11. BIRTHPLACE (Stote	or foreign	country)	12. CITI		HAT COUNTR
13. FATHER'S NAME	jamin Rich				MOTHER'S MAIDEN N		Quale 11	Po cu	nder	wood
15. WAS DECEASED E	VER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	INFO	RMANT		Addi	ress		
(Yes, no. or unknown)	(If yes, give war or dates of	service]				.] - 1			C	
IB. CAUSE OF D	EATH [Enter only one c	nuse per lin		E) W	ah E. Nicho	DIS	Washingto	on D.		L DETIMEEN
	EATH WAS CAUSED BY:									L BETWEEN
140.	IMMEDIATE CAUSE (rcinomatosis	-		- 100			18	
	DUE TO		minoma of the	То	etiale				18	0000
Conditions, if	immediate	b)	MILITORIUS OZ. CITO	. 10	001010				10 ye	sars
lying couse lost	g the under-	o <u>c)</u>				2172		331		
Z			ONTRIBUTING TO DEATH B	JT NO	T RELATED TO THE TERMI	INAL DISEAS	SE CONDITION GIV	EN IN PART	PE	AS AUTOPSY REFORMED?
	VAS UNDERLYING D IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (E	nter noture of injury in	Port I or Po	rt II of item 18.)			
20c. TIME OF INJU Hour o. 51 p. m		While	Not while of work	PLACE	OF INJURY (Home, farm, street, office bldg., etc	20f. (Cit	y or town)	(C	ounty)	(Stote)
21. I certify	that I attended the	decease	ed from aug 3	<i>i</i>	19 7 to	Jen)	18 19	that I le	ast saw t	he deceas
alive on	16/18	19	7. and that dea	h oc	curred at 10:21	5 NE 30%	m the causes a			
		100	11	/			street, city or town,) c	DATE SIGN
ACTUAL SIGNATURE	annel	VK	1 Jugar	40	4300	Ka	emison	0	KUH	9/19/
DALWELC: A A IIC	amuel J. Su	gar.	Ma Da	_ M.D.	MT	Col	AINLE	R	red	
220. BURIAL, CREMATI	ON, 226. DATE THERE		22c. NAME OF CEMETERY	OR CR	EMATORY	22d. LOCA	TION (City, town, o	or county)		Stote)
REMOVAL (Specif	9/21/57		Cedar Hill	_			tland Md			3.3.61
23. FUNERAL DIRECTO			ADDRESS	901		D BY REGIS		TRAR'S SIG	NATURE	
		ns Hv	attsville Ma	1.		2 3 '5		esue	/	
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D	DIRECTOR: After this certificate has been signed by the attending physician and campletely the notice tuneral director.	no.	5
be telained by the haspital ar attending physician.		3 smould be detached far use as the burial-transit permit. Then please remove carbon papers. Pages and 2 shauld be filled with	gistrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.
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	MARYLAND STATE DEPARTA	MENT OF HEALTH	BALTIMORE, 1	8 09826
	OSAT CERTIFIC	ATE OF DEATH		Reg. Dist. No.
1.	PLACE OF DEATH O. COUNTY Prince Georges MARYLAND	o. STATE	deceased lived. If institution b. COUNTY	Prince George
	b. CITY OR TOWN (If outside corporate limit, write RURAL and give neorest town) Lit 2nd / Year	c. CITY OR TOWN (If outside X2 Seat	701	URAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Whitehall Street	17004 Gr	iep Stree	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Bessie E. Middle	RIEGER	DATE SEPT-MONITOR	st 23, 1878
S.	Female 6. COLOR OR RACE 7. MARRIED NEYER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH	y. AGE (In years lost birthdoy)	Months Doys Hours Min.
100	b. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired) Housewife Home	USTRY 11. BIRTHPLACE (Stote or f	Gt. NY	12. CITIZEN OF WHAT COUNTY
13.	Albert Sylvester Frazier	Hanna	Moore	
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Mrs. R. S. Try	on , 7004 6	aviep St. Pleas
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart Fa	ilure		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate coves (a), stating the under-lying couse lost. DUE TO (b) Arberioscle DUE TO (c)	robic Heavi	t Disease	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL Arthrotis , when to i'd		DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
CERTIFIC	20g. ACCIDENT WAS UNDERLYING 20B. DESCRIBE HOW INJURY OCCURR OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port	I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	tACE OF INJURY (Home, form, actory, street, office bldg., etc.)	20f. (City or town)	(County) (Stot
	21. I certify that I attended the deceased from Sept. 2 alive on Sept. 151 . 1957 and that deat	100 25	•	Ithat I last saw the decea
	ACTUAL Walnut W. Libson		RESS (Street, city or town, s	
	PHYSICIAN'S Walcutt W. Gibson	Washing	ton 20), D. C.
	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF Arlington	National	Ft. Myer	
	FUNERAL DIRECTOR'S SIGNATURE 290 LODGE TH St The S.H. Hines Co. Washington, D	. N.W. 240 RECD B)	L 7 1957 av	TRAR'S SIGNATURE
				/

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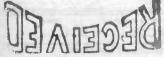
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

09827

-		keg. Dist, 140.
1.	1. PLACE OF DEATH a. COUNTY PRINCE SEORSE MARYLAND 2. USUAL RESIDENCE (Where deceased a. STATE STYLLE OF CO	lived. If institution: Residence before admission) b. COUNTY U M D C
L	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LAURER C. LENGTH OF STAY IN 1b c. CITY OR, TOWN (If outside corporate RURAL and give nearest town) LAURER C. LENGTH OF STAY IN 1b c. CITY OR, TOWN (If outside corporate RURAL and give nearest town)	one limits, write RURAL and give nearest town) D. C. 41 - 3
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION LAUREL SANITARIUM KENESAWAT. 16	3 Frving Sty. N. W IS RESIDENCE ON A FARM?
3.	3. NAME OF DECEASED (Type or print) BESSIE Widdle CARTER RIELY 4. DATE OF DEATH	September 26 1957
L	Pemate White WIDOWED DIVORCED 5-6-1867	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Igh bighday) Yrs. Months Days Hours Min.
L	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY:
13	13. FATHER'S NAME CORRESON CARTER SUSAN TIT	z-HugH
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT PRELETEDS, I WIN WWW. 1705 p. The RELETEDS, I	aurel Sani Tarinm
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (c) The form (a), (b), and (c). The form (a), (b), and (c). The form (a), (c), and (c). The form (b), and (c). The form (b), and (c). The form (c	Par disease many year
CERTIFICATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CHYONIC DYNING SYNDOME ASSOCIATED With CETEDRAL G. 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I	arteriosile 705/5 YES NOT
	OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH	
	21. I certify that I attended the deceased from 7-19-, 1957, to 9-26 alive on 9-25-, 1957, and that death occurred at 125 MM, from	the causes and on the date stated above pet, city or town, state DATE SIGNED TARILLY TARILLY LAURED M
22		Shington, D.C. (State)
23.	maitin W. Hysoria 60, 1300 N ST. NW, DC DATE P 27 57	AR 24b. REGISTRAR'S SIGNATURE

25EP 27 1957



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

2EP 9 1957

		MARYLAND STATE DEPARTM	ENT OF HEALTH-BALTI	
M		9848 CERTIFICA	ATE OF DEATH	(1982) Reg. Dist. No.
	1.	PLACE PEATH O. COUNTY O. C	o. STATE	ed. If institution: Residence before admission) b: COUNTY
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	Walderfy K	limits, write RURAL and give nearest toyn)
00		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3.	OSEBA Nay-Vin	Robert S. A. DATE OF DEATH S	ept. Sugy Year 1957
	L	WIDOWED DIVORCED	July 11 1884	AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS. ost birthdoy) Months Days Hours Min.
		O. USUAL OCCUPATION (Give kind of work done Oring most of working life, even if retired)	Charles Co.	Md. 12. CITIZEN OF WHAT COUNTRY?
	13	Theodore Robey	Mary Emm	na Downs
	0 15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (If yes, give wor or dates of service)	Mrs. Gladys R	oby Waldorf No
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Apopleru	INTERVAL SETWEEN ONSET AND DEATH
		Conditions, if any, which) DUE TO Conditions, if any, which)	Pism (
		gove rise to immediate couse (a), stating the under-lying couse last. (c)	- Benal Vin	
o constant	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II o	of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or large, street, office bldg., etc.)	(County) (Stote)
100		21. I certify that I attended the deceased from	accurred at 1 12 M, from the	, 19 1, that I last saw the deceased the causes and an the date stated above.
01 70		ACTUAL SIGNATURE	ADDRESS (Street,	city or lown, store) DATE SIGNED
		PHYSICIAN'S FORGE & XIFBER	MO	
	22	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION	(City, town, or county) (Stote)
Of	23	11 ++ = 11/2/	Soy / NOATESTP 1 0 '57	24b. REGISTRAR'S SIGNATURE
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Low as experil garners 214-26-317 Mrs (5634) Shelf 1, 2140-11. perfysyla linkerson 11 ind instruction which is the 256 I 0 1957

BECEINED

BUREAU V. E.

UCL 16 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9813 CERTIFICATE OF DEATH

Reg. Dist. No. 77

1. PLACE OF DEATH 2. COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE (When o. STATE	e deceased lived. If institution: b. COUNTY	Residence before admir Re George	ssion)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16 2 hours	c. CITY OR TOWN (If out	side corporole limils, write RUR		vn)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Prince George General	ddress)	d. STREET ADDRESS Box 102		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print) Baby	Boy Sharp		I. DATE Month OF DEATH S	ept 13°	Year 19 57
5. SEX Male 6. COLOR OR RACE 7. MARRI Coloredidowe		8. DATE OF BIRTH Sept 13 1957		Onths Days Hours	
10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	CIND OF BUSINESS OR INDU		foreign country)	12. CITIZEN OF WHA	T COUNTR'
13. FATHER'S NAME Elitah Wash	ington	Gerald		arbe	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	OCIAL SECURITY NO. 17. 1	mother	Address A	. / /	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying couse lost. (c)	ematurily	(1650 gms.	13 inches		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIPY MEDICAL EXAMINER)		D. (Enter noture of injury in Po		PERF	AUTOPSY ORMED?
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. ft. While	JURY OCCURRED 20e. PL Not while for	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
21. I certify that I attended the decease alive on 19.3			M, from the causes and poress (Street, city or town, sto		
PHYSICIANS JOHN W. F	erkins 22c. NAME OF CEMETERY O	R CREMATORY 2	2d. LOCATION (City, town, or c	county) (Sto	ote)
PEMOYAL (Specify) 10/11/57 1 23. FUNERAL DIRECTOR'S SIGNATURE	rince George t	s General Hosp	ital Cheverly		
Penny Ir A dei first	ratok	DATEDCT	16 57 Whe	Bu'i	

75 BUREAU V. E. OCL 16 1957

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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in by the funeral director, and 2 should be fitted with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 has been signed by the attending physician and campletely fil permit. Then please remave carbon pap in any event within 72 hayrs after death may be retained to FUNE

9910	keg. Disi. No.
1. PLACE OF DEATH O. COUNTY PLIN C. C. COYOC MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE D b. COUNTY
b. CITY OR TOWN (If ausside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION VINCE GEOTGE	d. STREET ADDRESS 4408-Garrison St. o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Toly M Middle	Stanton de Death Sept. 12 Day Year 1957
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White widowed DIVORCED	8. DATE OF BIRTH June 22 9. AGE (In years lest birthdoy) And Control of the contr
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF I	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yas, nagyor unknown) (If yas, give year or dates of service)	NFORMANT DEN THOMAN ANDROSS
No None Vone	Claude Stanton-6803-Fairtax
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	interval BETWEEN ONSET AND OFATH
420,1 DUE TO	/)
Conditions, if ony, which gove rise to immediate DUE TO	V
lying cause last.	
САТІС	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 2
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part 11 af item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED for the p. m. 19 work of work of work of the p. m.	ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) clary, street, affice bldg., etc.)
21. I certify that I attended the deceased fram.	1955, ta 9/1/ , 1957, that I last saw the deceased
alive on 1932, and that death	ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state)
SIGNATURE French & Musser	M.D. 2409 Varisim St 9/11/5
PHYSICIAN'S NAME (Type)	Landon- Hills, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF SENDENCE	R CREMATORY 22d. LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE WWW. CHAMBERS CO 3072 N	240, REC'D BY REGISTRA 246. REGISTRAR'S SIGNATURE

CERTIFICATE OF DEATH

BUREAU V. &

SEP 13 1957



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	9816		CERTIFI	CAT	E OF DEA	TH		1	Reg. Dis	t. No.	U	
1. PLACE OF DEATH o. COUNTY	rince Georges		MARYLAN		USUAL RESIDENCE	(Where decease		YTHUC	Residence			
	(If outside corporate limits,		GTH OF STAY IN	1Ь	c. CITY OR TOWN							
OR INSTITUTION	PITAL (If not in hospital, give	A = W A L = .		al	d. STREET ADDRES			1		•		HO H
3. NAME OF DECEASED	First		Middle		Lost	4. DATE OF		Month		Day	,	Year
(Type or print)	Bonnie				lemire	DEAT	H S	enter	nber	26		1957
5. SEX	6. COLOR OR RACE 7	MARRIED	NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In lost birt	yeors II				ER 24 HRS.
Female	White v	WIDOWED [DIVORCED	3 1	1/7/53		1	yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPAT	TION (Give kind of work do orking life, even if retired)	ne 10b. KIND C	F BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (S	State or foreign	country)		12. CITI	ZEN O	F WHAT	COUNTR
1/82	_	1/1	one		Wash	nalm	0	· C,	2	6	8.0	2.
13. FATHER'S NAME	1 04 4	11 .		14	. MOTHER'S MAID	EN NAME	, ,					1137
Lloyd	Stoll	emire	Service Service		Colita	Ly	Ve					
15. WAS DECEASED EN	VER IN U. S. ARMED FORCE (If yes, give wer or dates of serv		SECURITY NO.	17. INFOI	RMANT /	1. 7	000=	Addres	11.	6	11	Dis.
IB. CAUSE OF D	EATH [Enter only one cous	e per line for fo	a). (b). and (c).]		word	26 10		,,,,,	0000	LINTE	RVAL BE	TWEEN
	EATH WAS CAUSED BY:		The state of the state of	-4-						ONS	ET AND	DEATH hrs.
292.4	IMMEDIATE CAUSE (o)_	brone	hopneumor	IIa						-	24	III.a.
		Donos	hananda								-	
Conditions, if	immediate	Pancy	topenia								4	month
couse (o), stotin	g the under- DUE TO											
lying couse lost			tic Anemi									month
PART II. O	THER SIGNIFICANT CONDI	TIONS CONTRIB	JUTING TO DEATH	BUT NOT	RELATED TO THE T	ERMINAL DISEA	SE CONDITI	ON GIVEN	I IN PART	1(0) 19	PERFO	RMED?
OR CONTRIBUTION	WAS UNDERLYING 21 NG CAUSE OF DEATH FY MEDICAL EXAMINER)	Ob. DESCRIBE H	OW INJURY OCCU	JRRED. (E	nter noture of injur	y in Port I or Po	ort II of item	18.)				
20c. TIME OF INJU	10		OCCURRED 20e of while work	foctory,	OF INJURY (Home, street, office bldg.	farm, 20f. (Ci	ty or town)		(C	ounty)		(Stote)
21. I certify	that I attended the d	deceased fro	m 81.	29	, 1957, to	9/26	, 1	9.67	that I l	ast sa	w the	decease
alive on	9/2.6	19-57		eath oc	curred at 6.0.	5 P. M. fro	m the car	uses on	d an th	e dat	e state	ad abov
		17.					Street, city o					ATE, SIGNI
ACTUAL	oh T	try	M	M.D.	5241/	Ch B.	~~	Sa	c R	<u>d</u> _	9	/27/
PHYSICIAN'S NAME (Type)												
220. BURIAL, CREMATI REMOVAL (Specif	100, 226. DATE THEREOF	1 0	NAME OF CEMETER	RY OR CR	Parh	22d. LOC.	ATION (City.	town, or	county)	1/	(Stote	
23. FUNERAL DIRECTO	OR'S SIGNATURE	// G	DDRESS	ino		PEC'D BY PEGI	STPAP 24	PEGISTE	AP'S SIG		196	ma

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M.M. Chamban to. 517-11- 1. S.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4 TO HOSTILAL OR ALTERVENCY.

May be fellationed by the hospital or attending physician.

TO FUN.

IDIRECTOR: After this certificate has been signed by the attending physician and campletely file page. A found be detached for use as the burial-transit permit. Then please remove-carbon papers. Page the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. V\$ A15 (4) 15M 9/55

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981 MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please exetar. Page 4 shauld be burial, crematian PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY. b. COUNTY Prince Georges! Marvland MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) RURAL-Upper Marlboro 1.5 Min. Cheverly 0 directar. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS prior delay is Prince Georges! General Hospital NAME OF DECEASED Middle 0 (Type or print) Franklin any A. far 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 2 with the White WIDOWED T Male DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) pup after 2, and County Pe Emplyd Truck Driver Comm. may 13. FATHER'S NAME Give Pages 1, executed within 24 haurs Greenberry Sweeney 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mr No PM3 18. CAUSE OF DEATH [Enler only one cause per line for (a), (b), and (c).] in Item 18. PART I. DEATH WAS CAUSED BY alang with farm IMMEDIATE CAUSE (o) a burial-transit **DUE TO** Conditions, if ony, which shauld be pencil gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. 2 Medical Examiner's Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT used as pending 20g. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (8 MEDICAL EXAMINER: This 3 shauld writing the ward 20c. TIME OF INJURY Month, Day, at work ot work to the Chief Medi 21. I certify that I taak charge of the remains described aba death resulted from: Natural causes certificate, ACTUAL SIGNATURE de led t DEPUTY **EXAMINER'S** James I. Boyd, M.D. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR BUPIAL Specify /13/57 0 Epiphany Co ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE VS. A15ME(S) Ritchie Upper Marlboro, Md Bros. 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09834 Reg. Dist. No.

Prince Georges!

e. IS RESIDENCE

Rt. 7	#2, I	Box 9	8	/			A FARM?
Last	2 2 3 1	4. DATE	Month		Day	Y	ear
Sweener	7	OF DEATH	Septe	mber	9,	1	957.
DATE OF BIRTH			9. AGE (In years lost birthday)				ER 24 HRS.
Nov. 8	, 190	00	56 yrs.	Months	Days	Hours	Min.
RY 11. BIRTHPL	ACE (Stote	or foreign c	ountry)	12. CIT	IZEN OF	WHAT	COUNTRY?
Mai	rylai	nd		U	. S	. A.	
14. MOTHER'S	MAIDEN N	IAME					
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_			ndetermined c].	41	
M.D. CHIEF M	EDICAL EX	AMINER [DATE S	IGNED
	NT MEDICA	AL EXAMINE	R 🔲				
DEPUTY	MEDICAL E	XAMINER [9/	10/	57:
CREMATORY		22d. LOCA	TION (City, town, o	or county)		(Stote)
emetery		For	estville	Э,	Mai	yla	ind.
	240. REC'I	BY REGIST			SNATUR		
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BUREAU V. S.

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CEP 16 1957

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Reg. Dist. N. 9835 CERTIFICATE OF DEATH 9818 with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY filed b. COUNTY MARYLAND Prince George Md. Prince George death. eral b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 pe c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) Chever Ty near Md wn) shauld avs Hvattsville. Md d. NAME OF HOSPITAL (If nat in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 57 Prince George General Hospital 7112 Annapolis YES NO Rd. NAME OF First 4. DATE Middle Month Dov Yeor OF DEATH William (Type or print) Sweeney Sept 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Days Hours DIVORCED [WIDOWED [Male White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? corbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician MARGNRET SWEFNEN remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 72 Guip 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO þ any Conditions, if any, which (b) gave rise to immediate **DUE TO** couse (o), stoting the underpuo lying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES T NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port It of item 18.) os AEDICAL 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Doy, Year 20f. (City or town) (Stote) (County) foctory, street, affice bldg., etc.) a.m Not while of work of work 195/, that I last saw the deceased 21. I certify that hattended the deceased fram. and that death accurred at 9 = 30 6M, from the causes and on the date stated above. alive on ACTUAL 0 PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) EMOVAL (Specify) MT. OLIVET
ADDRESS
BI-GAAVEN.W. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

BUREAU V. E.

SEP 9 1957

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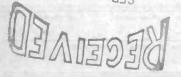
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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FOR STATE HEALTH DEPT.

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PLACE OF DEATH

o. COUNTY

3. NAME OF DECEASED

(Type or print)

Female

13. FATHER'S NAME

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DEP 0 VS. A15ME

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9824EDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY New York Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town? 24 hours Cheverly New York d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 248 W. 133rd Street Prince Georges General Hospital YES TI NO T DATE Year Ella Frances Taylor 1957 DEATH hth. Sept. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED . B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Col. WIDOWED T DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Washington, D.c. U.S.A. 14. MOTHER'S MAIDEN NAME William Taylor Ella F. Gause 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) Mary C. Doublin, 1400 Douglas St., N.E. Wash. D.O 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral compression IMMEDIATE CAUSE (o) DUE TO Subdural Hemorrhage DUE TO PERFORMED? NOF 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Riding as a passenger in an automobile in collision with anothere or 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Month, Doy, Year factory, street, office bldg., etc.) of work of work Landover. Pr. Geo. Md. ond in my DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 9/9/57 Paynes Washington, D.C. 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Street, N.E

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse fost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 21. 1 certify that I took charge of the remains described obove, held on Autopsy (), Inspection (), Inquiry (), opinian deoth resulted fram: Natural causes 🗍 , Accident 🔣 Suicide 🗍 , Homicide 🗍 , Undetermined manner ACTUAL SIGNATURE John T. Maloney. M.D. NAME (Type) 220. BURIAL, CREMATION. REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2EP 25 1957

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 in by the funeral director, and 2 should be filed with

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9850

CERTIFICATE OF DEATH

0983974

	0000					Reg	Disf. No.	
1. PLACE OF DEATH			. 11	2. USUAL RESIDENCE (W	here deceased live	b. COUNTY	idence before	admission)
TRII	V C - C	0/2/25	RYLAND	11/0	6,	UA	INCE	veorge
b. CITY OR TOWN (If ou RURAL and give neares	tside corporate limits, writ		Y IN 16	c. CITY OR TOWN (IF	outside corporate	limits, write RURAL	and give neares	st town)
Sui7	-hANY	agus		x2 Su	1761	7Nd		
d. NAME OF HOSPITAL	(If not in hospital, give stre			d. STREET ADDRESS			0.	IS RESIDENCE ON A FARM?
201-5	WANN	Rd. 5E		201-1	SWAN	NRd	JE!	YES NO NO
NAME OF DECEASED (Type or print)	MAbe	/ E. Middl	The	omp so N	4. DATE OF DEATH	Sept,	Doy 18	Yeor 1957
5. SEX 6.	COLOR OR RACE 7. M.	ARRIED NEVER MARE	RIED 8.	DATE OF BIRTH	9. 4			UNDER 24 HRS.
Female 1	white wide	OWED DIVORC	ED D	MAR. 25-1	1886 1	yrs. Moni	ths Days I	Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done	Ob. KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign countr	y) 12	. CITIZEN OF	WHAT COUNTRY?
House 4				ENG	/ANd		71)	8. A.
3. FATHER'S NAME		+ 11		14. MOTHER'S MAIDEN	NAME			
7,5,11	IAM 6	- ////		HONE	5 1	ACKI	4 AM	
S. WAS DECEASED EVER IN		16. SOCIAL SECURITY N	O. 17. INI	ORMANT		Address	1111	101
(If ye	es; give wor or dates of service)		6,	POUT &	TARdNE	2-1.	- 5W F	4 NIN KY
10 CAUSE OF DEATH	[Enter only one cause pe	e liamber (a) (b) 4 (a	N 0	CEN 1. X	HICO IVE	ζ	LINITER	VAL BETWEEN
		Cardiac		lure			ONSET	AND DEATH
	WAS CAUSED BY: MEDIATE CAUSE (0)	Cararac	Tui	iuro			app	104 2 hrs
1443 X	DUE TO	he to Tone	ic 1	on colinario	1	1,00		21.10
Conditions, if ony,		9 per rensi	0 0	ardiovasci	ular a	125000	/ / /	7475
couse (o), stoting the								
lying couse lost.) (c)							
PART II. OTHER	SIGNIFICANT CONDITION	NS CONTRIBUTING TO D	EATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE CO	INDITION GIVEN IN	PART I(o) 19.	PERFORMED?
	none				-31-51-73		Y	res NO P
200. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	DESCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Part I or Port II o	f item 18.)		
_								
20c. TIME OF INJURY		I. INJURY OCCURRED	20e. PLAC	E OF INJURY (Home, farr	m, 20f. (City or I	own)	(County)	(State)
Hour a.m.	19 Wh	work ot work	100.0	, , , , , , , , , , , , , , , , , , ,				
21 I certify that	I attended the dece	ased from 18	brus	4,1952, to	SEpt. 18	105/tha	t I lost sow	the deceased
alive on	-1-10	1007	at donath		9 W from th	e causes and a		
dilve oil	4	ond inc	uedin e	accorred differen	ADDRESS (Street	city or town, state)	in the dote	DATE SIGNED
ACTUAL (rullus	Upres.		16x /11	100 A	1.1	Wash.	D.C.
SIGNATURE	1	1 31 -	M	D. 1013 W		2,7000	e 200 mm	
PHYSICIAN'S NAME (Type)	CORNELIU	3 PA	PEY,				SEPT	18,195
220. BURIAL, CREMATION, BEMOVAL (Specify)	224. DATE THEREOF	22c. NAME OF CE	METERY OR	CREMATORY	22d. LOCATION	(City, tawn, or cour	الم	(Stole)
23. FLYNERAL DIRECTOR'S SI	IGNATURE	ADDRESS	A	1/2 - 1 0/24- 000	D BY REGISTRAR	24b. PEBUSIRAR	SSIGNATURE	
STATE DIRECTOR'S SI	a Kanaa	1661-00	000 1	tope ga 240. REC	D OT REGISTRAK	AU. HUSTAN	SIGNATURE	1/00
mon won	a ma	Zuk	×	DATE	1000	Carri	ean	rprell
		7	3		19 19	57	1	X

may be retained by the haspital or attending physician.

TO FULAL DIRECTOR: After this certificate has been signed by the attending physician and completely finds from the detacked for use as the burial-transit permit. Then please remove carbon papers. Page 3 (should be detacked for use as the burial-transit permit. Then please remove carbon papers. Page the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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haurs ofter death.

TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Yeor

(State)

BUREAU V. L. SEP 27 1957

DATE 11 57

1000	2002	CERTIFICA	AIL OF DEATH		Reg.	Dist. No).
1.	PLACE OF DEATH O. COUNTY PRINCE GEORGES	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MD	ere deceased lived	. If institution: Residue. COUNTY PRI	dence befo	EORGES
	RURAL and give nearest town) CHEVERLY	17 hrs.	c. CITY OR TOWN (If ou	viside carporate li		d give ne	arest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION NEED GEORGES GEN.	HOSP.	d. STREET ADDRESS	TSVILLE			e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First He DECEASED (Type or print) EDWARD.	nry Middle THORPE	Lost	4. DATE OF DEATH	Month SEPT.	6	Year 19 57
	MALE WHITE WIDOWED		8. DATE OF SIRTH Aug. 29th, 190	09	birthday) Manth		IF UNDER 24 HRS. Hours Min.
	or. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired) Walechanic (Electrical) Wa	sh. Sub. Sen.		el, Md.	12.		SA
13.	Frank B. Thorpe		Maude Eve		.у		
15. (Ye	s, no. or unknown) (If yes, give war or dates of service)		NFORMANT ace M. Thorpe	e, 4222	Address Kennedy	St	•
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	for (a), (b), and (c).]	Onciron O	nya t	tsville;	INT ON:	ERVAL BETWEEN SET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.	aroma	of the	Lix			
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO					ART 1(a) 1	PERFORMED? YES NO
L CERTIFI	200. ACCIDENT WAS UNDERLYING 20b. DESCR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	art I ar Part II of	item 18.)		,
MEDICAL	Hour o. j. While	Nat while at work 20e. PU	ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.)	20f. (City or Ion	vn)	(Caunty)	(State)
	21. I certify that I attended the deceased alive on 1957 ACTUAL SIGNATURE PHYSICIAN'S WILLIAM B. HAGAN NAME (Type)	and that death		DDRESS (Streel, c	causes and on ity or town, state)	the da	DATE SIGNED
	Burial, Cremation, 226. Date thereof Burial 9/9/1957	22c. NAME OF CEMETERY OF Fort Lincol	r Crematory n Cemetery		City, town, or county Manor, Pr	-	(State) o.Co.Md.
23. V	FUNERAL DIRECTOR'S SIGNATURE V.W. Chambers Company,	Riverdale,	Md . 24a. REC'D		24b. REGISTRAR'S	10	RE

pages 8 shauld be detached for use as the burial-tronsit permit. Then please remove the registrar prior to burial, crematian, or removal, and in any event within 72 hours should be detached for use as the buriol-transit TO HOSPITAL OR

in by the funeral director, and 2 shauld be filed with

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page

the attending physician and complete

After this certificate has been signed

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Then pleose remove corbon popers.

SEP II 1957

FOR STATE HEALTH DEPT.

PUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 5 per forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be need for your files. NEXAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the cite Board of Health, s designated agent, prior to burial, cremation, or remajor, and in any event within 72 hours after death.

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TO DE		TO FU	A
VS.			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		382	Lter	L EXAMII	NEK :	9-17-57	ICA	E OF	DEATH	Red. 6	184	2	
1.	PLACE OF DEATH	o Coore			RYLAND	I O STATE -		here decease	b. COU		lance before	ore odmis	sion)
	b. CITY OR TOWN (IF	ice George		c. LENGTH OF STA		-			orote limits, wr	In PURAL	d also as	annut fou	- /-
	and give nearest town)		TO ALLE						orore rimins, wri	M 1	0	rgrest tow	,,) \
	d. NAME OF HOSPITA	rerly	DE :- b	D.O.A.		d. STREET A		ngton	4	/X-3)	I IC DE	SIDENCE
		Georges G			ressy			Place		0 0	H	ON	FARM?
	NAME OF DECEASED (Type or print)	James		Middle		Threats		4. DATE OF DEATH	Sep		Day		57
5. 5	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARR	IED B	. DATE OF BIRTH			9. AGE (In years	IF UNDER	TYEAR	IF UNDE	R 24 HFS.
1	Male	Chlored	WIDOWED	DIVORCE	00	7-23-23	1		34 yr	Months .	Days	Hours	Min.
10c	USUAL OCCUPATIO	N (Give kind of work	done 10b. K	IND OF BUSINESS C	OR INDUST	RY 11. BIRTHPLA	CE (Stote	or loreign co	ountry)	12. CIT	IZEN OF	WHAT (OUNTRY?
(Soldier	g life, even if refired)	U	.S.Army		Ar	kans	1.5			U.S.	A.	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
	Leon	n Threats				IInk	nown						
	WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY N	O. 17. M	NFORMANT			Addre	vis.			
	18. CAUSE OF DEAT	H [Enter only one co	use per line !	or (o), (b), and (c),]							INTER	VAL BETWEE	N
	PART I. DEAT	H WAS CAUSED BY:				-11-					ONSET	AND DEAT	Н
	9114	IMMEDIATE CAUSE (o		morrhage	and	BROCK						-	
	0161	DUE TO	201 00										
	Conditions, if or gove rise to immed			Crushed ch	lest,	abdomen	and	pelvi	B				
	(o), stoting the u												
	couse last.) (c		lutomobile									
CERTIFICATION	FART II, OTH	er significant con	IDITIONS CO	NTRIBUTING TO DE	ATH BUT N	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION	SIVEN IN PAR	- 1	PERFOR	
CERTIFN	200. EXTERNAL CAU FRIMARY D or CON CAUSE OF DEATH.	SE WAS		tor of an						a bus.			
	20c. TIME OF INJUR		-	NJURY OCCURRED		CE OF INJURY (H					unly)		(Stote)
WEDICAL	Hour Ton.		While	Not while	lacte	ory, street, office	bldg., etc.				_		
14	6.30 p.m.	9-3-57 19	of wo			ghway	-		dover	Pr.		Ŋ	d
	21. I certify th	at I took charge	e of the r	emoins describ	ed abo	ve, held an	Autopsy	/ K. In	spection K], Inqui	ry 🔣,	ond	l in my
M	opinion death	resulted from:	Noturol c	auses [], Ac	cident [X, Suicide	□, †	lamicide	. Unde	termined	manne		
	Λ.	1 00	. 1									D 4 27 CI	CAUPD
	ACTUAL SIGNATURE	8m J.A	Malo	nen		M.D. CHIEF MI	EDICAL EX	AMINER -				DATE SI	GRED
						ASSISTAN	IT MEDICA	L EXAMINER					
	EXAMINER'S NAME (Type) JO	n T. Malo	ney, M	.D.		DEPUTY A	MEDICAL E	XAMINER	Sep	tember	4.	1957	
220	BURIAL, CREMATIO	The same of the sa		22c. NAME OF CEM	ETERY OR	CREMATORY		22d. LOCAT	ION (City, town			(State	1
	REMOVAL (Specify)	9-13-5	7	Arlington	n Nat	ional		Arl	ington,	Virgi	nia		
23.	FUNERAL DIRECTOR			ADDRESS			240. REC'I	BY REGISTR		SISTRAR'S SI		E	
	Holinas	en & I	0 .1	K. 18	1141	/	DATE SE	P 11 '5	7 1000		-1		
-	11-0000	The state of the s	NY	COL TI		you much			100	THEOU	U/A		

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SEP II 1957

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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Ocorge Conrad Tonestil releast antime SAN-18-81030: . The Area Verkert, 10201 Jens

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	MARYLAND STATE DEPARTA	MENT OF HEALTH—BALTIMORE, 18 (19845 23)
	9825 CERTIFIC	ATE OF DEATH Reg. Dist. No.
	1. PLACE OF DEATH C. COUNTY PRINCE GEORGES MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE DISTRICT of COLUMBIA
	b. CITY OR TOWN (If outside corporate limits, write RURAL and given the RURAL and give	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn) WASHINGTON 47 X - 3
77	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTE GEORGES GEN. HOSP.	d. STREET ADDRESS 1311 ADAMS ST. N.E. e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	3. NAME OF First Middle DECEASED (Type or print) JOSEPH E	WALTERS OF DEATH SEPT. 7 157
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. 15-23-90 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)	PUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
	Retired 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
0	(Yas, no. or unknown) (If yes, give war or dates of service)	Mary ????? INFORMANT Address Washington
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), oad (c).]	Dorothy E Walters 1341 Adams St N.E.
1	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Var Cunda 153.X DUE TO Land C.	onset and DEATH
1	Conditions, if any, which	for colon (cignod)
	cause (o), stating the <u>under-tying couse tast.</u> Cause (o), stating the <u>under-tying couse tast.</u> Cause (o), stating the <u>under-tying couse tast.</u>	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Manih, Day, Year 20d. INJURY OCCURRED While Not while of work 19 of work 19 of work 19	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) (Stote)
	21. I certify that I attended the deceased fram 5 - 6 alive on 9/7 1957 and that dea	th accurred at 2:00 AM from the causes and an the date stated above
,	ACTUAL SIGNATURA LEGAL SIGNATU	ADDRESS (Street, city or fown, state)
/	PHYSICIAN'S George Hageage	Cottage City md.
	220. SURIAL, CREMATION, 226. DATE THEREOF / 22c. NAME OF CEMETERY BUTTALFORT Lincoln September	
3	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
A.	Lee Funeral Home Washingto	on D.C. DATE Self 9-57 Course Conschell

ALMARIAN TO TOTAL TOTAL

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SEP II 1957

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20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

YES TO NO TO

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year

Hour a. si.

20d. INJURY OCCURRED While Not while

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)

19

at wark at work

(County) (State)

That I last saw the deceased

alive on_ala

21. I certify that I attended the deceased from

and that death occurred at &

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

22g. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specific

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

M. fram the causes and on the date stated above

FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

DATE

22d. LOCATION (City, fown, or

0 VS A15 (4)

filed

BUREAU V. E.

2561 DZ 43S

CERTIFICATE OF DEATH

09847

7		9826	CERTIFICA	AIE OF DEATH		Reg. Dist. No.
)	1. 1	PLACE OF DEATH PRINCE LEORGE	MARYLAND	2. USUAL RESIDENCE (Where o. STATEM ARULA	b. COUNTY	Residence before admission)
		RURA and give nearest town) Cheverly	LENGTH OF STAY IN 16	c. CITY OR TOWN If outs	ide corporate limits, write RUR	AL and give nearest town)
7	-	d. NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION RINC ROBERTS	Deperal	d. STREET ADDRESS	ST Street	o. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) FRANK	Middle	Williams	DEATH Septe	mber 1 1957
	5. 5	male white WIDOWED		Tune to	lost birt(stoy) A	Months Doys Hours Min.
1:	Z	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		STRY 11. BIRTHPLACE (SIde or	foreign country)	12. CITIZEN OF WHAT COUNTRYS
	9	ohn William Ha	illian	14. MOTHER'S MATGEN NAI	me may	of ,
0	1S. (Yes	WAS DECEASEDEVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) [16]	8-22-4346	NFORMANT -Berna	rd F. Wi	elianis.
		18. CAUSE OF DEATH [Enter only one couse per line I PART I. DEATH WAS CAUSED BY:	for (a), (b), and (c).]		1	INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (o) DUE TO	rusine	1 21.	hum h	nge .
		Conditions, if ony, which)	ms L 22	phunal	Varia.	
		gove rise to immediate couse (a), stating the under-lying couse last.	inhis is	hom.		
)	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	al disease condition given	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIF	206. ACCIDENT WAS UNDERLYING 206. DESCRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRE	D. (Enter noture of injury in Por	t t or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJU While of work	Not while fo	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
		21. I certify that hattended the deceased	from augy	7, 19.5_7, to	1 Sept , 195),	that I last saw the deceased
		alive an 8 £ 3/ 5 } 19	and that death		M, from the causes and DRESS (Street, city or town, sto	d an the date stated above
1		ACTUAL SIGNATURE WILLIAM C.	Ventrant	M.D. 30 C Ru	elge Ad Gre	enbelt, Mil 9/1,
		PHYSICIAN'S WILLIAM C	- Weintra	ив		
/	200	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	Pational	GENS Park	Falls Cly	county) (Stote)
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Mr. Rais	LEE MA DATE SEP	PY REGISTRAR 24 REGISTR	AR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital at attending physician.

TO FULTAL DIRECTOR: After this certificate has been signed by the attending physician and completely fired in by the funeral director. pages flound be detached for use as the burial-transit permit. Then please remove garbed papers. Pages and 2 should be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 houry after death. VS A15 (4) 15M 9/55



SEP 4 1957

BUREAU V. S.

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessary, please executed the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be to prove files.

TO FUNCIAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the cite Board of Health, ar its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15ME 5M 2/57

16

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09848 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	3061							Key. Di	31. 140.	-
1. PLACE OF DEATH				2. USUAL I		(Where deceo	sed lived. If instit		nce befo	ore admission)
	rince Georges	3	MARYLANI	O. SIAIC		Maryla	nd b. COUNT		Ge	0.
b. CITY OR TOWN and give negres! to	(If autside corporate limits, write	RURAL	C. LENGTH OF STAY IN 18	c. CITY	OR TOWN	(If outside cor	porote limits, write	RURAL ond	give ne	orest lown)
	everly	28	D.O.A.	1 X2		Deanwo	od Park			
d. NAME OF HOSE	PITAL OR INSTITUTION (IF	nol in hospil		d. STREE	T ADDRESS			14.1		e. IS RESIDENCE
Pri	nce Georges G	enera;	l Hospital	/	5106	Nye S	treet			YES NO
3. NAME OF DECEASED (Type or print)	First Grant		Middle	Williams	ost	4. DATE OF DEATH	Mont Sept.	4	Day	Yeor 19 57
5. SEX	6. COLOR OR RACE	- MARRIED	NEVER MARRIED	8. DATE OF BIE	RTH		9. AGE (In years	-	-	IF UNDER 24 HRS.
Male	Calored	WIDOWED [DIVORCED	Jan	6, :	1903	last birthday] 5) yrs.	Months	Days	Hours Min.
100. USUAL OCCUPA	TION (Give kind of work do						19	12. CITI	ZEN OF	WHAT COUNTRY
Laborer	king life, even if retired)	1.26	Coal	1	irgir	140			TT	C 4
13. FATHER'S NAME			CORL	14. MOTHER					U,	.S.A.
	t Williams			Id. Monne) /					
	EVER IN U. S. ARMED FOR	FS2 116 SC	CIAL SECURITY NO. 17.	INFORMANT	UV	rknou	Address			
Yes, no, or unknown)	(If yes, give war or dates of se									
149	W-W- L			martna r	cicnai	roson;	same as ;	f 2.		
	EATH (Enter only one cause	-								VAL BETWEEN I AND DEATH
PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Hemor	rrhage and sl	nock						
812x	DUE TO									
Conditions, if	ony, which (b)	Frac	ctured skull	, crushe	d che	st and	lacerat:	lons,		
gove rise to imm	mediate couse	multip	le and sever	re.						
(o), stating the	underlying (c)_	Auton	nobile accide	ent						
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	th resulted from: N								-86	
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SIGNATURE	John J-	MA	loney	M.D.		EXAMINER _				
EXAMINER'S						ICAL EXAMINE	_			
NAME (Type)	John T. Mal	oney,	M.D.	DEPU	TY MEDICA	L EXAMINER	(9-6	5-57
TRANSVAL (Speci	110N, 22b. DATE THEREOF	57	Incolu	Memo.	181-	1 22d. LOCA	TION (City town,	or county)	14/	(Slote)
23. FUNERAL DIRECTO	OR'S SIGNATURE	1	ADDRESS	1 20		C'D BY REGIS	TRAR 24b. REG	STRAR'S SIC	MATUR	E
Henry S. le	Jushmyton	San	467 Nor	11.00	DABE	P 11 '57	Rush		1	

augusel eschi. . 79 . 1 THE PERSON NAMED IN real id J 3 district of an area present as a 2.2. Mount but agaitmostill Processed and I constant bear lecentians, . PRINTED BOOK BURGET BURNEY a personnia na pravo na provincia de la compansa de TE . Sec. . El . de la Amio 5 mil BUREAU V. S. SEP II 1957 BEEDVED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09849 9853 CERTIFICATE OF DEATH Reg. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution-Residence before admission) o. COUNTY filed Tes b. COUNTY & MARYLAND 700. uneral b_CHT OR TOWN (If outside carporote limits, write C. LENGTH OF STAY IN 16 pe c. CITY OF TOWN (If dutside corporate limits, write RURAL and give nearest tawn) RUZAK and give nearest (gwn) should CAVE d. NAME OF HOSPITAL (If not in hospital give street oddress) e. IS RESIDENCE OR INSTITUTION ON A FARM? 2 YES T NO DE NAME OF Middle Year Day DECEASED within 24 (Type ar print) DEATH 194 COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HE 7. MARRIED M NEVER MARRIED B. DATE OF BIRTH veors ost bythilay) Days Hours WIDOWED | DIVORCED T yrs. 100, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if reffred) and carban ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician move hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 72 attending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 0 wol DUE TO p permit. Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stoting the underoug lying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificate 00 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) USe foctory, street, office bldg., etc.) g. ft. While Not while 19 at work at wark p. m. 21. I certify that I attended the deceased from. Lithat I last saw the deceased detached alive an and that death accurred at M, from the causes and an the date stated above. OR: DIRECT **ACTUAL** SIGNATURE pe pino PHYSICIAN'S NAME (Type) 224. BURIAL CREMATION, 226. DATE THEREOF MAME OF CEMETERY OR CREMATORY 22c. 22d, JOCATION (City, Jown, or county) (State) TO FUN REMOVAL (Specify) emend 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DATESEP 1001

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9854

CERTIFICATE OF DEATH

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	Keg. UIS	7. NO.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence o. STATE	e before admission)
Prince Georges MARYLAND	o. STATE Texas b. COUNTY Val Vo	erde
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)
Andrews AFB, Wash, 25, D.C. See Reverse	Del Rio 80 x 3	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Andrews AFB, Wash. 25, D.C.	900 East 6th Street	YES NO T
3. NAME OF First Middle DECEASED (Type or print) Frank Melvin	Wyman Jr. 4. DATE Month OF DEATH September	Day Year 12 1957
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	1. 41. 4	1 YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI	USTRY II. BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT COUNTRY
during most of working life, even if retired) Pilot - U.S. Air Force U.S. Air Force	ce Unknown U	nited States
I 3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Frank M. Wyman Sr.	Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO. 117.	INFORMANT 4080th Airdonase	Grain
Yes WW II Unknown	1/Sgt Paul Lock, Laughlin AFB, Te	
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Injuries, mul	tiple, extreme	Instant
NGO X DUE TO		
Conditions, if ony, which) (b) Aircraft Acci	ident	
gove rise to immediate (
lying couse lost.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Aircraft, Crash.	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES P NO
200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURR	IED. (Enter nature of injury in Port I or Port II of item §8.)	ال ١٠٠٠ لولوله،
OR CONTRIBUTING CAUSE OF DEATH USE OF CONTRIBUTING CAUSE OF CAUSE O	Full Particulars Unknown	
		ounty) (Stote)
Hour, o. m. While Not while	octory, street, office bldg., etc.) !	
	drews AFB Andrews AFB, Prince	e Georges, Fil
21. I certify that I attended the deceased from See Reve	erse, 19, to, 19,that 1	ast saw the deceased
alive an, 19, and that deat	h accurred at 2:25a M, from the causes and an th	e date stated above
1 1/1/1	ADDRESS (Street, city or town, stote)	DATE SIGNED
SIGNATURE (Cleaner & M. Maryes	M.P. 1401st USAF Hospital 12	September 19
PHYSICIAN'S REGINALD P. MCMANUS CAPT, USAF	Andrews Air Force Base (MC) Washington 25. D.C.	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY		(\$4-4-1
REMOVAL (Specify) 9-17-57 arlington	Math Land Ashing to My	(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'DEM REGISTRANS 246 REGISTRAN'S SIG	NATURE
2020 1/2 1. P. 517-11th	of DE DATE	aich

A corrected Certificate of Death will be prepared and forwarded if additional information is received concerning items presently indicated as unknown.

CERTIFICATE

I, the undersigned, while in performance of duties as Medical Officer of the Day, for the 1401st USAF Hospital, do hereby certify that I was summoned to the scene of the aircraft accident and found subject officer dead upon my arrival thereat. It is my opinion that death occurred approximately 10 to 15 minutes prior to my arrival.

Item lc: Unable to determine, aircraft had not landed.

REGINALD P. MCMANUS

CAPT, USAF (MC)

Attending Physician



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF L'EATH

BUREAU Y. &

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THE PARTY OF THE OWNER, AND THE PARTY OF THE